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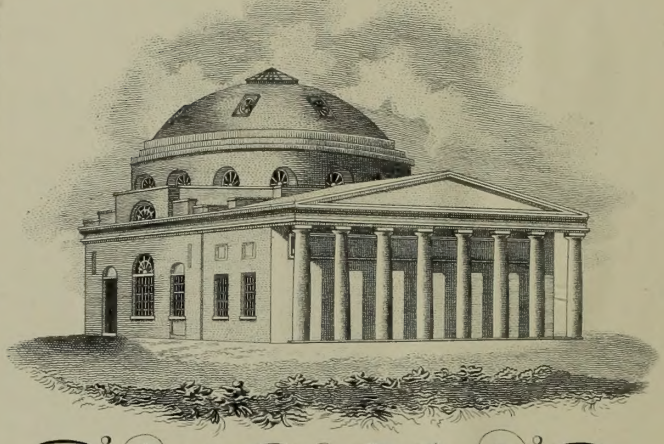

University of Maryland

University of Maryland Theses

Early Doctor of Medicine and Doctor of Physic Dissertations with Corrected Tables of Contents

These manuscripts described as either an Inaugural Dissertation or an Inaugural Essay were presented to the University of Maryland for the Degree of Doctor of Medicine and/or Doctor of Physic during the years 1813-1887. The individual dissertations were bound together during the 1940's. The original tables of contents for the bound volumes contained multiple errors in authors' names, titles, and/or years. To address these errors, an additional "Corrected Table of Contents" has been inserted at the beginning of each volume.

The project team who investigated and corrected the tables of contents were Richard J. Behles, Historical Librarian/Preservation Officer; María Milagros Pinkas, Metadata Management Librarian; Angela Cochrane and Carol Harling-Henry, Resources Division; Sarah Hovde, Abra Schnur and Megan Wolff, Services Division.

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(CORRECTED TABLE OF CONTENTS)

UNIVERSITY OF MARYLAND

THESES

1854 (c)

Author	Title
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Brattan, Lemuel Rush	Dyspepsia
Anderson, John William	Milk Sickness (Calligraphy)
Chaplain, James Stevens	Ascites
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Norris, Samuel James	Intermittent Fever (faded)
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White, Arthur	Epidemic Cholera
Worrell, Frederick	Rubeola

HSHSL 2012 for the UM Digital Archive. Sources consulted for corrections: Original Dissertation; University of Maryland Medical Faculty, Matriculation List, 1821-1851; Cordell, Eugene F. "University of Maryland, 1807-1907" (New York : The Lewis Publishing Company, 1907), Volume 2.

Author	Title
Wiendahl, Jacob Henry	Clinical Report of Six Cases
Comegys, Henry Cornelius	Dysentery
Thompson Jr., William Henry	Ergot and Galvanism in Inertia Uteri
Hammond, George	Chloroform
Wise, John James H.	Delerium Tremens

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UNIVERSITY OF MARYLAND

THESES

1854(c)

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UNIVERSITY OF MARYLAND
LIBRARY
Founded 1813
SCHOOL OF MEDICINE

An

Inaugural Dissertation

on

Necrosis.

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submitted for the examination
of the
Provost, Regents & Faculty of Physic.
of the
University of Maryland,

For the Degree
of Doctor of Medicine,
by
Augustine J. Dalrymple.
of Maryland.

Baltimore.
February.
1854.

To

Nathan R. Smith, M.D.

Professor of Surgery

in the

University of Maryland.

the following pages are

respectfully dedicated.

by his grateful & attached

pupil.

Augustine J. Dalrymple.

Necrosis, or Death of Bone, may be the immediate result of an injury received externally.

More frequently it is the indirect results of an injury the bone perishing by severe inflamation.

When not accompanied by any other form of disease it is said to be Simple Necrosis, When combined with Caries, or fracture it is Compound.

Necrosis may be Idiopathic, when it has commenced without any known exciting cause. Traumatic when it follows a wound, or external injury.

Inflamation of bone may be Acute, or Chronic, as inflamation of bone or Ostitis, is generally the precursor of Necrosis.

The bone may merely ex-

foliate, i.e. a scale of bone from the external surface may perish, or the whole thickness of a bone may die in a mass, and form what is called a Sequestrum, sometimes only a small portion of a long bone may perish, and be thrown off, or several inches or the whole shaft of the bone may die, separate, and be thrown off.

It is very seldom that cases occur where the whole shaft of the bone is entirely lost, such I believe are on record.

Generally the articulating extremities remain untouched, the line of separation being there, the process of repair is greatly facilitated, and the joints are saved from disease, which would necessarily produce

serious results. The cancellated structure of bone being prone to Caries, Necrosis is more frequently seen in the hard and dense portion of bone.

The bones most liable to suffer with this disease, are those which are most exposed to atmospheric influence, and mechanical violence. The tibia stands first, next the femur, especially at its lower part, then the humerus, cranium, lower jaw &c. This disease prevails more frequently in the young, than the old. Persons employed making lucifer matches, suffer with Necrosis of the upper or lower jaw, and sometimes of both, producing deformity and sometimes death. The modus operandi, it is said, is this.

The vapour acts by injuring

the general health, and also fatally stimulating the periosteum, but its principle action seems to be local, on the periosteum, for those only who have caries of the teeth suffer, as their periosteum is directly exposed to the vapour, and periostitis is lighted up, which thickens the periosteum. The bone exfoliates, the soft parts slough and necrosis more or less destroys the jaw. For convenience Necrosis is divided into different stages. 1st Inflamation of bone. This may be caused by an external injury. as a wound, bruise, or fracture, or it may be Idiopathic. Wounds implicating bone, the periosteum is stripped off, and ostitis is lighted up and the bone is likely to die. But it does

not necessarily follow, because a portion of the bone is denuded of its periosteum, must of necessity become necrosed, Osteitis may be lighted up, the part may have sufficient power to overcome the inflamation and live.

But if both the periosteum and the internal lining of bone, or endosteum, are destroyed, at corresponding points, death of the bone so situated is certain.

When bone exposed retains its vitality, it is of a brown, or red hue, has a dull sound when struck with the probe or director, and red granulations are seen making their appearance on the surface of the bone, which bleed when touched.

When the bone is dead or dying it is of a white colour, is resonant when struck,

and dry, unless moistened by secretions from the surrounding parts. A portion of bone may become white &c. after an injury, and recover with a thin Exfoliation.

The bone dies. The bone may die in a few hours, the changes occurring rapidly. Again it may not die for several days. The periosteum is completely detatched. If the changes have occured rapidly, the bone looks very much like a piece taken from a skeleton, if it has been slow and tedious the piece of bone is rough and porous, but the first condition is most frequent.

Separation of dead portion from the living bone, is slow and tedious, weeks and months may pass away, and still

the bone may not be detached entirely. The extent of the necrosed portion, is shown by its white colour &c. it retains these throughout the whole process, sometimes by being exposed to the atmosphere it becomes darkened.

Around the dead bone, the parts are very red and painful to the touch, the slightest touch causing them to bleed freely.

Suppuration begins, which gradually causes the dead bone to separate from the living, and forms a loose sequestrum.

Reparation follows, and osseous granulations are thrown out, but the process is a very tedious one.

During the process of separation, by ulceration there is a constant, and often a profuse secretion of pus, this is discharged ex-

ternally, through aperatures existing in the soft parts, or it burrows and accumulates at new points, where free incisions are demanded. The discharge is generally thick, yellow, and has the appearance of laudable pus, of a peculiar heavy odour, characteristick of necrosis.

The sequestrum being now perfectly loose, unless it is hemmed in by new osseous matter formed above and around, (as is often the case) is now a foreign substance, producing irritation in the part.

The dead portion or Sequestrum may be extruded, as any other foreign body, by suppuration, but of course it will cause a great deal of pain, and much exhaustion to the System.

By the timely interference

of the surgeon, all this suffering and exhaustion may be prevented, if the right treatment is adapted.

Complete reproduction, is not to be expected in all cases. The power varies in the different bones of the body, being great in some, and less in others, while there are those in which it is not at all manifested. It is of course much greater in young healthy subjects, than in old debilitated persons. Though the long bones, the lower jaw, the Clavicle, and the Scapula possess the power of reproduction, to a very considerable extent, the short cubaid bones cannot be reproduced.

Cases are on record where almost the entire shafts of long bones have been reproduced.

A case is related by Chopart

in which the clavicle was reproduced. Reproduction of bones of the cranium is very rare.

Symptoms. The symptoms are first those of acute ostitis. Suppuration occurs, but relief does not follow, as it often does in the soft parts of the body. When the pus is evacuated relief follows, whether done by nature or art. By the former it is a tedious process, by the latter if early and efficiently adopted, relief is, both instant, and great.

The pus is discharged, usually, through several apertures, the number generally bearing a proportion to the extent of the disease. The external orifice is called a papilla. The internal is called a cloaca. Through the canal which is of a

fistulous character, the presence of the dead bone can be detected, and its condition as to detachment can from time to time be ascertained with the finger if the orifice is large enough, if not a probe can be used. If the sequestrum is internal it has a rough, but dense feel, when external it feels smooth and solid, except at the circumference where the bone is rough and irregular.

So long as the Sequestrum (which is a foreign body) remains, the living parts will continue to resent its presence. The soft parts become increased in vascularity, when divided with a knife, they cut more like a piece of cartilage than ordinary soft textures,

hemorrhage is always very profuse, not only because the vessels are active and numerous, but also in consequence of natural hemostatics being opposed by the dense, changed, structure in which the vessels are situated.

The Sequestrum when it has become wholly detached from the living bone does not always seem loose. For it may be bound down at more than one place, by the newly formed texture, or new bone may be deposited in patches on the surface of the dead bone, or it may interlace the cribriform spaces of the Sequestrum.

When the Sequestrum is not only become loose, but fairly removed by artificial means, inflamation grad-

nally subsides in all the parts, the limb slowly resumes its shape, but seldom if ever attains it perfectly. The provisional tumor or callus, which surrounded the sequestrum is gradually absorbed, or condensed, pain and stiffness gradually subside and the use of the limb is restored.

The time occupied for the different changes is various, many months may pass away before the process is completed. In the young and otherwise healthy the progress is much more rapid, than in the aged and infirm, and a great deal will depend upon the treatment.

The process is much more rapid in spongy bones than in dense, the former being

more vascular and more capable of a greater effort.

The bones of the superior extremity have an advantage, in this respect over those of the inferior.

Treatment. Ostitis must be stopped in its progress, if possible, before any destructive results have begun. If the ostitis proceed from syphilis or scrofula, in addition to other remedies, the preparations of Iodine, especially the Iodide of Potassium, with Sarsaparilla, should be used. When suppuration has taken place, and the existence of pus is detected free incisions should be made. If possible suppuration should be prevented by proper treatment. When a portion of bone is dead or dying, the attention

of the Surgeon must be directed to the prevention of the extension of the disease. If the pus is properly evacuated, it will save the patient a great deal of pain; and the cure completed in a much shorter time, than if the pus should be allowed to make its own way to the surface. If hectic fever supervene, the strength of the patient must be supported by means of tonics, pure air, and suitable diet and regimen, until the process of separation be completed.

The detaching of the Sequestrum must be left entirely to Nature, only taking care that she is not interrupted.

The part must be kept in a state of rest, and used no more than can possibly

be helped. Should severe inflamation threaten, leeches and fomentations should be applied to the part, and patient kept in a state of perfect repose.

When the sequestrum has become perfectly detached, it is the Surgeons duty now to interfere, as Nature has done her part, tis' true she may be able sometimes to complete the process, but only after much suffering to the patient, and exhaustion of his frame, and not until much damage to the limb, perhaps irremediable has occurred, all of which is unnecessary, and could have been prevented by the timely assistance of the Surgeon.

A greater mistake is often made by Surgeons, and that is to attempt to remove the

Sequestrum before it is completely detached, which must necessarily produce bad results, for Cestitis is sometimes lighted up, and aggravation of the condition of Symptoms is likely to follow, also the loss of blood likely to follow, such an attempt must necessarily be considerable, the patients system being in such a state in the latter stage of Necrosis, that the loss of blood is likely to produce bad results.

Any hope of the Sequestrum being absorbed is quite nugatory, as soon therefore, as the shell of the new bone is sufficiently strong, and it has been ascertained that the Sequestrum is perfectly detached, a free incision should be made, so as to expose its surface. The incision should be made where the

bone is nearest to the skin, The new shell should then be divided with Heys saw or with a pair of bone forceps, and the Sequestrum must be extracted. If it should be impossible to extract it entire the Sequestrum should be divided with strong forceps, and each portion extracted separately.

Necrosis of the articular extremities of bones of the Tarsus or Carpus generally causes irreparable disease of the neighboring joints, and require amputation.

The treatment for Exfoliation is the same as what has been said about Necrosis, i.e. remove the scales of bone if possible or inject the Cavity with Dilute Nitric acid, and keep the orifice open with tents made of sponge or lint.

Case 12th. Lemuel Elburn aged 23 years, occupation sailor on Bay, admitted in the Baltimore Infirmary Mch 8th 1853. disease of nine years standing, he is a native of Maryland, nine years ago noticed pain at posterior and lower third of femur, was temperate and free from any Syphilitic taint, is the only child, both parents died before he could remember; excepting his sore leg his general health has been remarkably good. At outset of disease, remembers to have had fevers in his leg no medical was called in. His leg was poulticed with a variety of applications; and after one month, a non-professional friend opened an abscess on inner side of his leg using a common pen knife. This incision gave exit to nine scaley, perforated sequestra. The opening was alter-

nately closing and opening, the patient resuming his work from time to time; having no medical assistance.

He entered the Infirmary in this condition on 8th March 1853. having one fistulous orifice at outer side thigh which discharged offensive Pus.

The lower part of femur was enlarged, slight impairment of motion in knee joint, contraction of the flexor tendons of leg; no pain in knee, on probing, necrosis was discovered. On Thursday Mch. 10th the orifice was dilated, and a Requestrum, Three or Four inches in length, was removed by Prof.r Mittenberger, who was at that time attending Surgeon. Poultices were ordered, and syringing with tepid water, the cavity to and lint, bandages &c. May 27th The knee was much less flexed, ulcer was closing. On May 30th he left the Infirmary much relieved. ——

Case 2d. A. B. native of Vermont, aged 19 years, has been in U.S. three months. Occupation Blacksmith, Disease of two years standing. He says about two years since, he took cold in his arm, and it became inflamed near the shoulder. No Medical or Surgical aid was called in, and very little attention was paid to it for some time. As the disease progressed Surgical aid was called in. They wished to amputate, to which he objected. A young Surgeon wished to remove the dead portion of bone, but the Chief Surgeon would not permit him.

When I first saw the case there were three or four external fistulous orifices in upper third of the right arm. A few days after I saw the case, Prof. Smith made an incision almost the entire length of the upper third of the

arm, and extracted four large Se-
questra, the four combined, constituted
about five inches of the shaft of
the humerus. There was profuse hem-
orrhage at the time. The wound was
dressed with dry lint, and a roller
applied from hand to shoulder,
passing it under the left ax-
illa, to prevent it slipping off.

Eight or ten days after the op-
eration. Two or three fistulous or-
ifices were noticed in the lower third
of the same arm, from which was
discharged pus. Upon introducing
the probe, a portion of bone was
ascertained to be denuded of periosteum.

Simple dressings were employed.
After some days a number of small
sequestra were discharged, and the
orifices gradually closed. The boy
has almost entirely recovered. His
arm is somewhat stiffened, but
not seriously.

An

Inaugural Dissertation

On the following cases.

Congestion

Cholera Morbus

Amaurosis

Intermittent fever

Delirium Tremens.

Lichen.

Submitted to the examination of the Regents and Faculty of Physic of the University of Maryland for the degree of

Doctor of Medicine

By

Edward Smith Miller

Middletown

Md

To Samuel Chew M.D.
Prof. Theory & Practice of Phys.
Institutes of Medicine
Medical Jurisprudence &c
in the Maryland University of
Baltimore,
this thesis is dedicated as an evid
ence of that respect and [illegible]
with which he is regarded.
by the author
E. S. Miller

occurrence —

[illegible]

knowledge of the most judicious and [illegible] method of treatment in each, could alone, for the [illegible] this [illegible] [illegible] [illegible] nor dread the result of criticism. I can only hope, however, that the Faculty may be disposed to take the most favorable view of the case and exercise that [illegible] towards my first feeble efforts, which they [illegible]

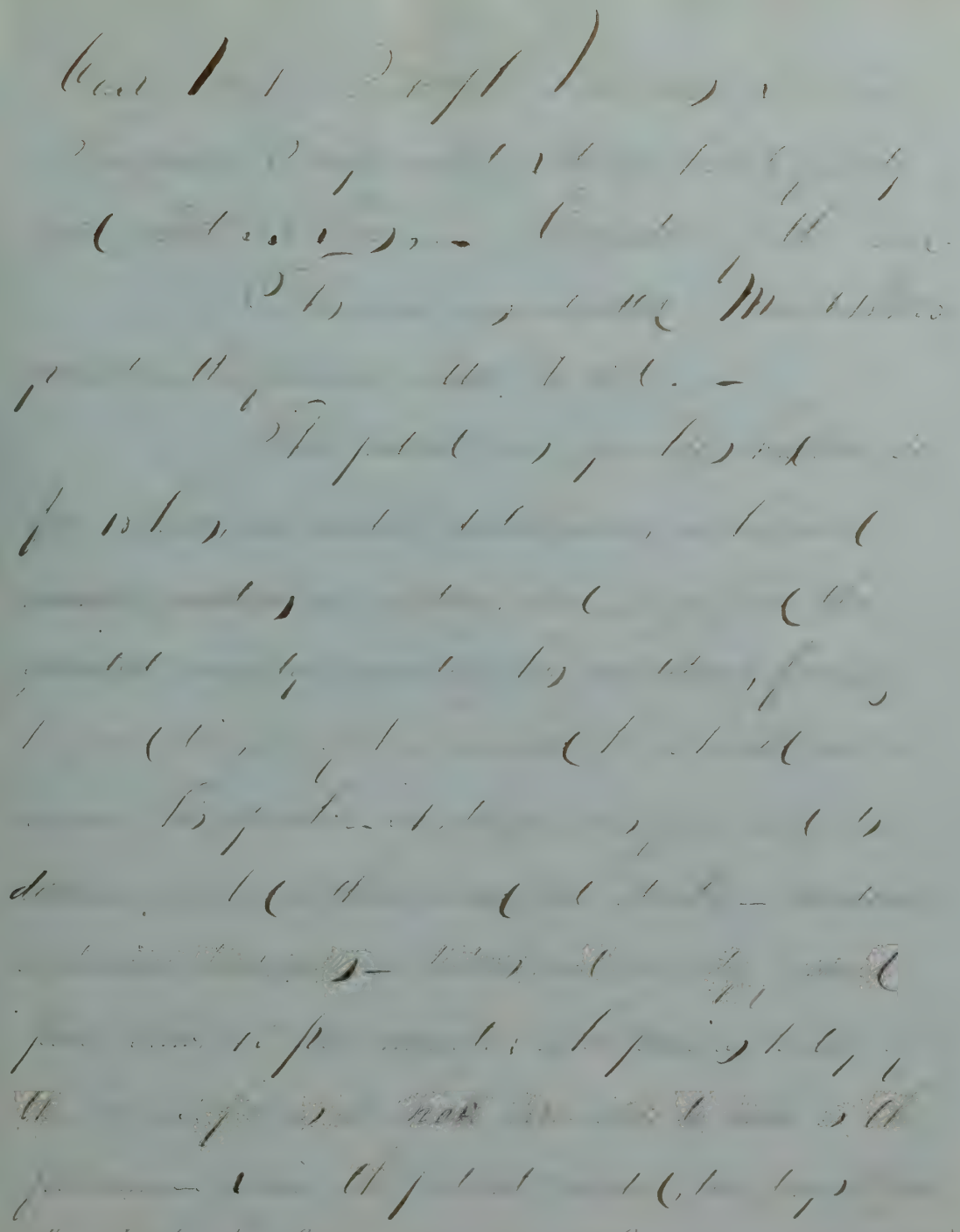
Congestion of the Brain

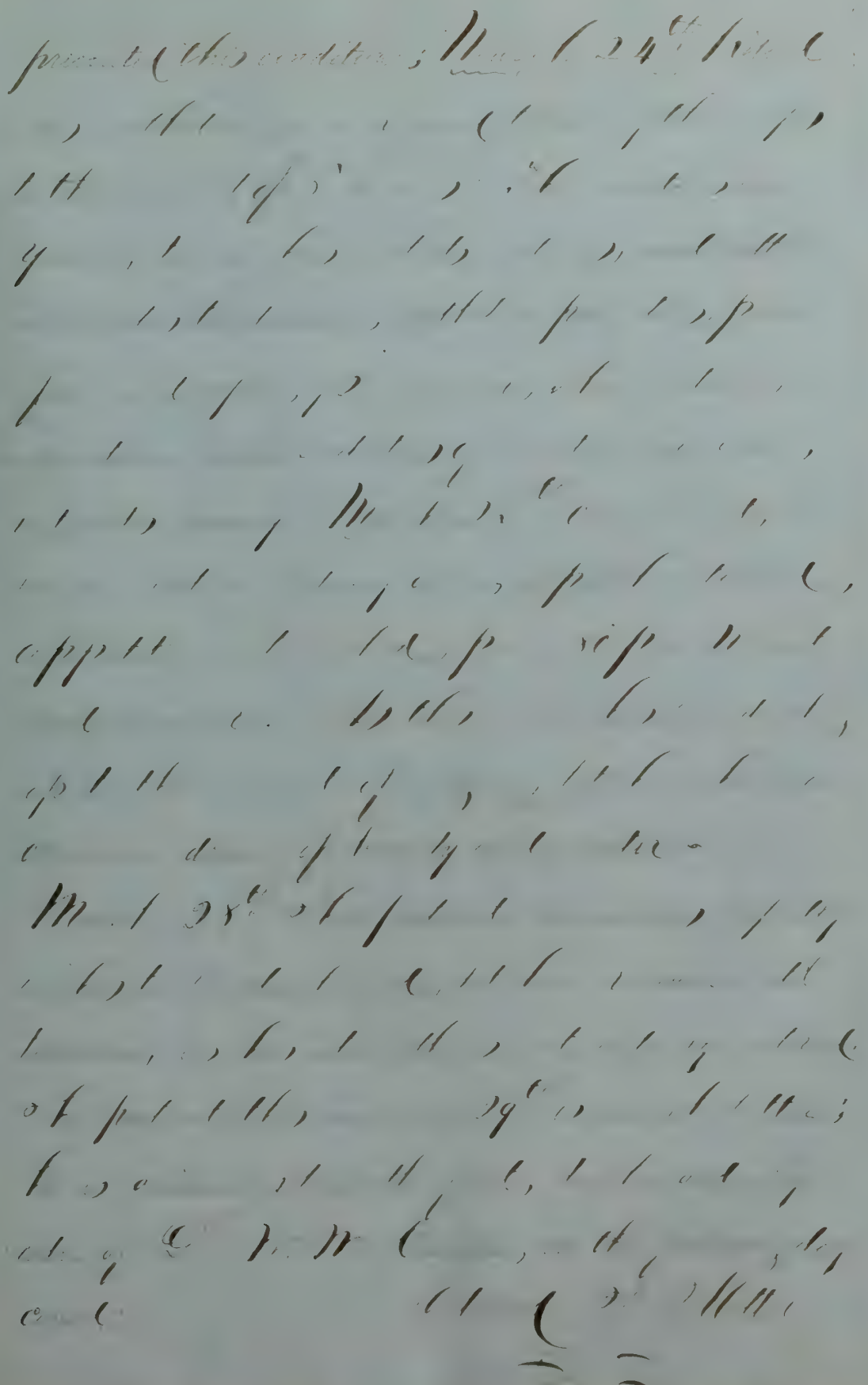
(Case of Jas. Williams (Seaman)

Amaurosis

Intermittent Fever

Delirium Tremens





James Matthew. Aged 26 Years Seafarer
Resides in Neck. Private Room

Intermittent Fever

This man has had chills for several days before entering, but as the patient's mind is disturbed to some extent, the precise date of the attack is not known; the chills have probably been irregular, in their accession; at present there does not appear to be any degree of excitement in the skin; its temperature is nearly or rather below natural. The abdomen is warm, no enlargement or turnidity of any of the abdominal viscera, bowels soluble at present and urine scant and high colored. Sleight aberration of mind; the most peculiar features of the case is the fullness and slowness of the pulse, being only 53 per minute, depending no doubt upon congestion in the nervous centre especially about the cerebro spinal axis. The tongue is moist and rather smooth not coated. He has been taking blue mass, and dovers powders

administered with sulphate of quinine. There is much thirst insomnia and restlessness; Ordered cups to be applied to the occiput and temples, and twelve grains of calomel and four of quinine, to be given after cupping. at 10 P.M. the pulse is still slow (53) & the patient is to take as ordered at the 6 O'clock visit, two grains of calomel and two of quinine, every 4 hours and to have an epispastic to the nape of the neck, and one inside each thigh, drinks in small quantities of barley-water and toast water or rice water for nourishment — This Morning the patient is more tranquil, he has been sleeping about 3 hours, bowels moved once during the night; has taken the powders last mentioned — discharges dark though large, and urine still scant, though lighter than before: tongue tremulous, slightly coated with white fur: Pulse 64 per minute, but very irregular, suspend the calomel and substitute 2 grains of Muriate Hydrargyro, give as before one

every 4 hours, evening visit at 7 O'Clock; the patient is something better, he has had 3 discharges to day they are more healthy than before, urine improved, tongue clean, pulse 75 per minute weak, slept a greater part of the day, central disturbance entirely removed; appetite returning, Dr. orders the Mass Hydrarg to be suspended, continue the quinine, the recuperative powers of nature, are strikingly exemplified in this case; this pulse is fair, appetite increasing, secretion being reestablished, skin natural, no accession of fever, and the patient wishes to be permitted to sit up — To day, he is convalescing. Dr. orders the quinine to be suspended; and give an infusion of cascarilla — dose half a wine glass full every 4 hours; The patient has had a natural evacuation, both yesterday and to day: He may be allowed to sit up for the space of an hour; Dr. orders to have some nourishing diet, such as beef tea, and tea and toast —

This morning is much better, as the day is fine, the patient desires to be permitted to walk out. He is to be continued against any excess, either as to exercise or indulgence of any kind. The patient this evening complains of much sickness of stomach; has been attempting to vomit this afternoon about 4 or 5 o'clock. Dr. attributes it to something he has eaten during the day, bowels much disturbed; when abroad yesterday he says he ate some confectionary, and drunk some wine. This morning he was visited by Dr. Monkar. Orders the following prescription.

℞ Subm. Hydrarg. grs x iij
Pulv. diveri — grs x ij
Cretae ppt — ʒ j
M ft chart. x iij — give one paper every hour until the bowels are checked, the bowels were disturbed several times through the night, the degree of tenesmus is very distressing, order by Dr. Monkar that he take the following prescription

℞ Pulv Tannin gr 1
" Doveri gr vi
Creta ppt gr xv
Hydrarg cum creta gr iij

to be repeated every 4 hours during inordinate purging, Dr orders that strict attention with regard to his diet, it was directed to consist exclusively of gum arabic and rice or barley water, The medicines ordered yesterday stayed the further action of the bowels, This morning the patient had 1 stool. The fever accompanying this attack, has subsided, and his condition favors recovery, his diet is to be strictly farinaceous. To take one powder every 8 hours as the discharges are yet unhealthy. To day the patient was seized with a chill at 8 P.M. of yesterday followed by a fever and subsequent whole marked sweating stage. Dr orders the patient to be left alone until further orders. The recurrence of the febrile paroxysm suggest

the exhibition of an antiperiodic, Dr orders 6
drops Tobleys arsenical Solution every 8 hours.
The arsenical Solution has been regularly given
the paroxysm was fully over last evening, Dr
orders the treatment to be continued until further
orders. There has been no recurrence of the
chill or febrile condition has been experienced
for the last 3 days. Dr Cullen orders the
medicine to be suspended & the father and
the patients diet. She is now free from all
fever, and has been improving for the last 3 or
4 days, if she continue to improve she will be
well in a short time. This morning she says
she feels so well that she wishes to be discharged,
and it was accordingly done so by order of
Dr W. M. Cullen

May 12th William Stewart, Carpenter
Aged 40 yrs, resides in Baltimore

Delirium Tremens

This man is of a robust constitution, has been in the habit of drinking to excess for many years; he is said to have drunk as much as a quart before breakfast, twice that quantity through the subsequent part of the day, and yet to have been able to attend to his ordinary avocations.

Present condition.

The patient is tremulous restless and confused — considers his friends to have perpetrated a great outrage upon him in bringing him to the hospital — assures us that he is perfectly sane, and requests to be set at liberty, and his friends be dismissed for treatment as they are insane — answers all questions distinctly yet hurriedly and stares around the walls and ceiling as if he expected the sudden appearance of some dreaded object

The abdomen is full, the bowels not having been moved for several days, skin hot yet covered with a copious sweat, eyes injected, expression fierce, extremities cooler than natural, tongue indicative of great gastric derangement, furred with a yellow covering everywhere — The patient is a man of family, in height about 5 feet 10 Inches. Physical development good, Sanguine temperament; has been sleepless for about the last 8 nights previous to his entering the Hospital, having been divested of his clothing and put to bed anemeto cathartic is ordered, consisting of 15 grains of Ipecac, one gr tartar emetic, and ten of calomel — These were given at 1 P.M. — May 14th The medicine has not acted, repeat the dose, and continue every half hour, until emesis is produced. At 4 P.M. the patient has taken 5 gr tartar anti. with 75 grains Ipecac, and yet the emetic action has been but feebly induced

so great is the lapse and insensibility of the gastric
mucous membranes; Let vomiting be produced with
copious draughts of lukewarm water, and should by
persevered be suspended, with burning in the stomach,
supply him a strong infusion of black tea, as an
antidote to the tartar. 4 O'Clock P.M. the pa-
tients bowels have been fully acted on, discharges
very foul, soy tartar and black. The purgative
effect has been greater than emetic, as he only
attempted when supplied with warm water to
vomit three times, this may be accounted for
probably from the greater susceptibility of the
muco enteric membrane compared with that
of the stomach, whose normal function have
been entirely deranged by his pursuant intoxication
Let the present excitement subside, then give
the patient 3 grains of opium and 2 of calomel
at once, withdraw the light that he may
be composed, and watch him for the 4 next
hours; if he is still sleepless, give one grain

opium every hour, until tranquilized. May 15th
8 O'Clock A.M. Dozed, after taking 3 pills,
having taken 6 grains of opium during the night —
This morning he is less insane, though more nervous,
trembles at every effort he makes to raise himself,
begs for a small portion of liquor, feels nauseated
at the sight of nourishment, pulse quick, fre-
-quent and weak, yesterday it was 110 per minute,
to day is 135 — extremities cold, perspiration profuse,
-give 8 of a grain morphia sulp. divided into
8 papers, one every 2 hours, until further orders.
The patient may take an ounce of brandy between
the doses. The bowels have been moved twice in
the night. Keep the room dark so that he may
have chance to sleep. The patient has been
taking his medicine regularly, no symptoms of
improvement, are as yet manifested; he sweats
with great profusion, has more delirium, is troubled
with occular spectra, and thinks he has murderers
in the adjoining room, Dr. orders the brandy to
be withdrawn, and continue the sulphate of
morphia. 9 P.M. he is becoming quite delirious,

and is restrained with difficulty, tosses the clothes off and supposes we wish to strangle him, as his extremities are cold, and the head begins to be preternaturally hot and there is such wasting perspiration, let him have a tepid bath of salt and water, to be well sponged, and bare cloths wrung out of the water, frequently changed, applied to the head – pulse fuller than before, and equal in frequency. Suspend the opium, and substitute black drop, in ten drop doses every two hours.

12 O'Clock P.M. the bath acted kindly in allaying the general excitement, temperature more equable, pulse less irregular and slower, yet there is a keenness of the eye and suspicious vigilance, which seem to portend a coming storm.

May 17th 6 O'Clock P.M. not only has no sleep been enjoyed, but it was found necessary to confine the patient in Jacket; he became furiously delirious, attempting to get out of the window. Head hot carotids full and throbbing, great excitation violent mania, total oblivion of place and person, increasing demand for ardent Spirits, no appetite

excessive thirst, coldness of the extremities, pulse full and bounding, urine troubled and ammoniacal, alvine excretion bilious for the first time, withdraw the black drop, give the following ℞ Subm. Hydrarg gr x ij

Tart Antim gr 1

Pulv opii gr vj

in pt chart vj one every 2 hours. 12 O'Clock A.M. No change with the exception of increasing heat of the head, and additional cerebral disturbance. Apply mustard to the extremities, and cup behind the neck. 4 O'Clock P.M. The evacuation from the bowels, just now discharged, is healthy, Dr orders the powders to be continued. The antimony produces sickness of stomach, but a very decided decrease in the force of the pulse. Keep the head cold by ice water constantly applied. 8 O'Clock A.M. The patient feels drowsy pulse 100, sweat stayed and the other febrile symptoms, have obviously abated. 18th May. The patient has slept since ½ past 8 O'Clock last night he says the utmost silence must be enjoined —

May 19th This man slept 15 hours, he

is much improved, nervous yet and greatly exhausted, give him strong coffee, and toast for nourishment, with the use of a Sponge bath in cold water & Salt, afterwards when comfortable in his bed encourage the return of sleep by as much quietness as possible. His mental faculties are cloudy and scarcely yet collected pulse 86 uniform and good —

May 20th. He is doing well, slept at intervals last night and yesterday. The nervous excitements will pass off under the guarded use of a better digestable injection, with a tablespoonful of brandy in small doses — say half an ounce — Beef tea or chicken tea or good broths, and any other generous articles of food his appetite may crave — repletion however must be rigidly guarded against —

May 21st desires to be discharged — To remain another night —

May 22d. Slept well last night, eats with relish, circulation natural, nervous convalescence is established — 23d this Morning appears

to be very much replenished, and says that he is perfectly well, slept very well last night, nervous excitement has subsided altogether — hence the patient is pronounced cured, and discharged accordingly by order of

Dr Wm N. Cullen

Wm Smidt Aged 36 Yrs Saloon

General Ward

Sicker

This man is a German Emigrant large
mulk, full habit of body, Muscular and
well built: about a week subsequent to his
departure from Europe, the patient was taken
with langour, indisposition to move, had occa-
sional headache, and impairment of appe
-tite. This state of things continued for se-
veral days, and an eruption showed it-
self upon his neck, trunk, and lower extr-
-emities, this eruption excited considerable alarm
on board of the vessel at first as apprehen-
-sions were entertained of its being small
pox, and treated accordingly these fears
however soon subsided; and nothing curative
was effected; the patient informs us there
has been no change in appearance of the
eruption, since the second week after its
invasion. The patient was admitted
under the following condition. The pupils are

large and better defined on the face and neck than elsewhere; in these they are as large as a half pea; they are smaller on the chest, and other parts than they are here, indeed they are too close to be enumerated in any one cluster, their clear livid color, on the face is somewhat changed, they are attended by heat and itchings, especially at night. the cutaneous surface elsewhere free, is of a dirty yellow color, tongue furred, slightly tremulous, pulse weak but regular — abdomen full and rather tympanitic, bowels rather sluggish, discharge, white and hard, urine scanty and high colored: I should elsewhere mentioned, that when the clusters first made their appearance, only a dry scaly covering remains, these scales fall on rubbing the part and discloses a minute, in process of formation. I should have mentioned elsewhere that there were a great number vesicles, filled with a dirty ichorous fluid, having no areola inflammation

around their vases. Treatment. As patients bowels have not been moved for several days. Dr. Cullen orders the patient to have Hydrogen Chloroform and Pulv Rhei 10 grains each at bed hour. The medicine acted well, there is still great heat and itchings — Dr. Cullen orders a guarded, but not poor diet, and infusion of carcarilla and quassia with 10 drops Gig. Plorra in each dose, of this infusion, and to have warm baths at night and morning, the heat and pricking sensations were much relieved; there has been no febrile excitement as yet, No marked change has been observed, as yet except the extensive exfoliation of the scaley covering. The following treatment ordered to day, 5 grains of Plumers pill every night with a solution of Epsom Salt, and Tart Emetic 3 times a day, continue the bath, and restrict the diet, no observable change, desquamation still progressing, the trunk and upper extremities still improving, but the disease seems to increase

on the lower; especially on the left leg, and thigh; let the limb be enveloped in a poultice of bran and frequently renewed; the patients condition is somewhat better this morning, inasmuch as the disease does not continue to spread, but rather on the decrease; the Chapped condition of the cuticle is much relieved by warm bath, and the tingling sensation soothed; the patient is much better, continue the pills and bathing, leg much better, withdraw the mixture; the patient can sleep much better; the patient nearly relieved of that aching, tingling sensation continue the treatment; New cuticle is being established on the face neck and breast, but the exfoliation on the other parts are slow, improving though slowly — This morns condition is so much better that he will not stay any longer in the Hospital — the patient is accordingly discharged

O. F. Miller

Edwd. Smith Potter

Middletown

Frederick County

Md.

An
Inaugural Dissertation,

On
Remittent Fever,

Submitted for the
Examination of the
Provost Regents,

And
Faculty of Physic,
of the
University of Maryland,

For the Degree of
Doctor of Medicine,

By David S. Dixon
of Calvert County
Maryland.

Gentlemen,

As it has been made essential for each candidate for graduation, to prepare an Inaugural Essay on some subject connected with Medicine, I have concluded, in obedience to such requisition to commit to paper a few lines for your inspection.

And I am consoled with the hope that your liberality will overlook my imperfections & errors, and to some extent at least take the will for the deed.

I am sure you will not require of me, a learned & eloquent Thesis. As Remittent fever is a disease prevailing extensively in the climate in which I live, it is that disease which I have selected.

selected, I am however perfectly aware of my inability to do the Subject Justice, I will try nevertheless, aided by the instructive lectures of our worthy Professor of Practice.

Dr Samuel Shew.

Yr obt Servt

David L. Dixon

Remittent Fever.

This disease differs from intermittent fever, in the remission not being complete. and has often been regarded as an aggravated form of Intermittent fever, it is thought that both arise from the same Cause, and that the same remedies are effectual in both diseases. when not Complicated with any other.

But the Question is now

settled, that they are distinct diseases, though they are obedient to the same remedies, and seem to arise from one common cause.

Remittent fever is a disease peculiar to low and wet lands, and Marshes, changable climates, where the inhabitants are imprudent in eating, drinking, & exposed to sudden transitions of weather.

And usually makes its appearance in the Summer & Autumnal Months, but occasionally transcends its bounds, and insidiously approaches in Winter, as I, have occasionally seen it in the Country and as I, also witnessed in the Baltimore Infirmary during the Month of December last.

This disease is now solely imputed

To Marsh Miasmata.

The circumstances which produce Miasmata, are Heat, Moisture & decomposition of Vegetable matter. The peculiar morbid effects ascribed to this cause, and by which alone its existence can be recognized seldom originate at a temperature under 60° even though Vegetable decomposition may be going On.

Rain, or water, is necessary to the evolution of Miasmata, but much of it often serves as a preventive; during heavy Rains their effects are less felt than after the rains have ceased and the waters disappeared.

In all warm climates it is after the cessation of the rains Remittent fever appears. And it has been a matter

Of observation that in very
Wet Seasons, The lower
lands usually the most
unhealthy are least affec
-ted, while The higher lands
which are ordinarily exempt
from This disease become
sickly.

And I have often noticed
that when we are favored
with heavy and repeated
Rains during Summer
keeping vegitation green,
& growing, that in Autumn
we have Remittent and
Intermittent Fevers
accordingly.

Symptoms.

For some days previous
to The invasion, The patient
complains of uneasiness at
the Epigastrum.

with lassitude, pains in the back limbs and head, loss of appetite with momentary and partial blindness on stooping & suddenly arising up. Also restlessness at night, The invasion is attended by Coldness of the surface and frequently by a chill, and sometimes at its onset it is sometimes difficult to determine whether it is of a remittent or intermittent form, untill the period for the paroxysm to make its appearance again.

The coldness is superceded by heat by febrile flushes or by alterations of heat and cold, by nausea and vomiting, hence the patient will sometimes say has both

chill & fever at the same time.

When nausea and vomiting come on the pains in the back, head and limbs now become aggravated, the mouth is clammy and dry the Tongue white or loaded, the surface Hot and parched the pain of the Head attended by a feeling of distension and throbbing, & sometimes passing into delirium, the pulse is usually full hard & frequent. The Thirst is great & if attempted to be satisfied in the use of water it is generally followed by vomiting. The bowels are constipated. The urine scanty and high Coloured, red and turbid, Early in the disease, yet in all stages when the paroxysm

is distinct it becomes more
copious in the remission —
though sensingly clear when
being discharged does deposite
a sediment upon cooling.
One peculiar feature of this
disease is a yellowness of the
skin and eyes and sometimes
precedes the attack, or appears
with it. From the preceding
remarks it will be readily inferred that the nervous system especially suffers in this disease,
when we find head ache to be present
in perhaps every case which frequently begins with the fever,
Another symptom of nervous
derangement is vertigo intolerance
of light, throbbing of the carotid
Arteries, with redness of the eyes
indicating vascular determination
to the brain,
In severe cases, there is delirium

not be present at the beginning, as the disease advances it makes its appearance, and is regarded as a very unfavorable symptom by the patient & his friends, and of not possible comfort to the Physician.

Another evidence of nervous disorder, is obstinate wakefulness, which another source of great annoyance to the patient.

Another unpleasant feature often present in the latter stage of this disease is Hiccough, & is regarded as a very unfavorable Omen, though I, have seen persons recover after having had it.

Remittent Fever is sometimes modified by accompanying inflammation of the Stomach, or Liver, or both, the Stomach most

likely, and Consequently we find
that pain tenderness on pressure
& sometimes vomiting, with occa-
sionally inflammation of the
bowels, which is manifested
by pain & Diarrhea, or Dysentery
resulting from the same Cause.
The Spleen may be enlarged & pain-
ful, & sometimes Pneumonia when
this disease is found in Winter,
the average duration of Remitt
ent fevers may be stated at
from nine to fifteen days
but in some cases complicated
with other diseases the return
to health is frequently through
a course of protracted suffer-
ing.

Anatomical Characters.

As may be inferred from the Symp-
toms of this disease, no marked
Organs are found traces of inf-
ammation after death,

Mucous Gastritis is perhaps the most frequent lesion, as we so often find tenderness of the epigastrium, in all fevered cases, the liver is enlarged as well as the spleen, & more or less soft tening, but seldom any positive marks are found says Dr. Wood.

The blood in this fever when taken at the commencement, coagulates not presenting the buffy coat, but when in the more advanced stages, becomes buffy, & this change is ascribed to inflammation.

The predisposing & exciting causes of this disease is hinted at in a preceding part of this imperfect & hasty Thesis, and therefore deem it unnecessary to repeat them.

As the time is short I beg you will pardon me for not classifying the various forms in which this disease presents itself, as in all cases this disease proper may be traced

to the same cause, and as this disease
in its various forms is submissive
to the same class of remedies, by
regulating the treatment accord-
ing to the circumstances present.

Prognosis.

Remittent fever when not com-
plicated with any other disease
most always yields readily to pro-per
medical treatment, unless from
far advanced life and the estab-lis-
hed laws of nature the patient
must pass the outlet of old age.
Perhaps there no disease in which
the resources of the medical profes-
sion are more happily displayed
than in severe forms of remittent
fever; However fearfully fatal
under neglect or mismanagement,
it may be conducted by proper
medication to a favorable termina-
tion.

Treatment

Treatment.

Under this head I shall be as brief, as possible, and notice only a few remedies such as we can command in a Country practice, where we are so circumscribed in our opportunities for procuring medicines.

It was formally Considered, and it is yet good practice in many cases to give an emetic, and that emetic should be judiciously selected with a strict regard to the Constitution, & age of the patient, as in such treatment we can unload the Stomach, create a moisture on the surface, and finely to some extent prepare the system for subsequent treatment.

In most cases an active Cathartic is indicated and then Calomel is the best, in doses from ten to twenty Grains for an adult of Sound Constitution, to be followed in a few

Bowels by some mild Aperient, such as Sulphate Powder, Calcined Magnesia, Castor Oil, or Rhubarb & if very obstinate with nausea & vomiting, we might introduce an enema, and after Thorough evacuation of the bowels gentle laxatives, & Sulphate of Quinine would be the principle remedies required.

Venesection was formally considered proper to allay excitement, now it is improper, unless we find inflammation, or active Congestion present, in those cases where heretofore the lancet was thought very important, we have a most happy substitute, or better agent found in the Scarificator and leeches.

Diaphoretics are always indicated in the hot Stage, such as Ipecacuanha, Tincture of Lobelia

Antimony, or effervescing or draught, & proportioning the doses according to circumstances. If the disease is prolonged beyond the eighth or ninth day, it would be proper to use some mercurial preperation to procure moderate Ptyalism.

In administering blue mass, or remedies for the same Object it should be followed at night or in four or six hours by dovers powders, to procure sleep, and gentle perspiration.,

Under this plan of treatment, generally recover, perhaps a better plan might be, to introduce quinine and put a stop to the disease at once, that is soon as decided remission occurs, and give the Quinine in doses ranging from 5. to 15 Grs. according to the age & constitution of the patient

When a paroxysm of great violence has passed, and there is danger that the next may prove fatal, recourse should be had to sulphate of quinine, and it should be given plentifully during the remission, in order to bring the system under its influence fully before the return of the next paroxysm.

When should the paroxysm cease it is proper to give tonics at stated periods for the next two or three days, but when using quinine a due regard must be had to the inflammatory symptoms.

As it is often the result of some derangment of some Organ, or Organs, and if so we must rely principally upon some mercurial preparation, as a gentle antiphlogistic agent, when we must call to our aid gentle and unstimulating tonics, some preperation of Iron

Wine whey, infusion of Columbo root
do Dogwood bark
do wild Cherry bark
do Poplar bark
and well regulated diet.-
Above and within I, have given a very Condensed, and imperfect Sketch of my views on remittent fever, its cause, Symptoms, treatment, & probable termination, and I, beg that you will look over my errors with kindness, and that through your mercy, I, may make a Safe, and Speedy voyage over the tempestuous waves of the green room.

Very respectfully
Yr, Obt Servt
P. S. Dixon

July 3rd 54.

An

Inaugural Dissertation

on

Dyspepsia

Submitted to the Examination

of the

Provost, Regents and Faculty of Physic

of the

University of Maryland

for the

Degree of Doctor of Medicine

by

Samuel R. Brattan

of

Maryland.

The body of Man like that of every other organized being is constantly undergoing change. While certain of its component parts are removed as effete, others are employed in the repair and formation of tissue. Now to meet these changes supply matter for the repair and formation of tissue; and provide for the wants of the system in the performance of its functions, it is necessary that a material should be provided containing the same or like substances, which exist in the organized being which it is intended to nourish. It is also necessary that this material should be properly assimilated, preparatory to its introduction into the organized parts of the body. This process of assimilation

is caried on within the body by the organs of digestion. And the changes wrought upon the food during this process of digestion, take place principally in the mouth, stomach, and small intestines.

In the mouth the food is masticated by the teeth, mingled with the secretions of the glands, and mucumembrane of the mouth. Being thereby converted into a soft pulpy mass, after which by the act of deglutition it is passed into the stomach to be further acted upon by that organ. By the muscular action of this organ the stomach, the food is brought in contact with its mucus lining, and mingles with the gastric secretion, by which it is changed into a thick

pulpy mass called chyme, and as it is thus changed it gradually passes through the pyloric orifice into the duodenum; until the stomach is entirely emptied of its contents. In the small intestines the chyme is subjected to the action of the secretions from the liver, pancreas, glands and mucus membrane. This action which is supposed to be chemical is at least solvent in its nature; producing a separation of the nutritious, from the nonnutritious portions. This nutritious portion is thence taken up by the absorbents, conveyed into the circulation, and is thus brought into contact with all the parts of the organized system which it is to nourish. But the

nonnutritious portion is conveyed out of the body as excrementitious.
That a function involving so many organs in its performance as does this process, is subject to derangement must be evident to every considerate mind; and that such derangement should speedily impair the health of the body, is equally evident, when we consider that from the aliment thus assimulated during digestion, the body is supported, tissue formed and repaired, and all the functions discharge their several offices. The derangement or impairment of one of these organs, may seriously interfere with the process of digestion, and by sympathy may involve others of a

like nature until the whole diges
tive function is seriously impaired.
Common however as is indigestion,
and serious as are its effects
upon the health and hapines
of man, there are probably few mal
adies to which he is subjected so
imperfectly understood, and con
sequently so improperly manged.
As the articles for food are prin
cipally acted upon in the mouth,
stomach, and small intestines, if
disordered digestion occurs it is
evident that in these parts it
must take place.
Imperfect mastication has much to
do in producing dyspepsy, as food
taken rapidly, imperfectly masti
cated, and thus hurriedly passed
into the stomach is not in a fit con

dition. tobe acted upon by the gas
tric secretion, being impenetrable
to that substance it therefore un
dergoes decomposition, producing
gases which are injurious to the
healthy action of the stomach.
Again food imperfectly masticated
and hurriedly taken into the stom
ach overloads that organ as the
appetite is only satisfied as the gas
tric juice mingles with the food.
The muscular action of the stomach
being thus weakened from over
distention, the process of digestion
becomes slow and feeble, allow
ing a considerable portion of the
food to remain for sometime
within the stomach undigested,
which is at length passed into the
duodenum in this state there

producing irritation, and pain,
and by sympathy functional de
rangement of the liver. This form
of indigestion often depends upon
a want of muscular action in the
stomach resulting from debility
of the general system.
Chronic inflamation of the stom
ach may also produce the same
disease with different symptoms.
Muscular action and secretion are
each under the nervous influence,
and as muscular action and gas
tric secretion are alike necessa
ry to the healthy action of di
gestion, it is evident that unna
tural irritation or depression of the
nervous system, may seriously
interfere with the nutritive
process. This is clearly proved from

the fact that sensations of grief, or emotions of joy, may depress the keenest appetite, destroy the sensation of hunger, or check the process of digestion. Again taking large quantities of liquids with the food may prevent the proper action of the gastric juice, especially if such liquids be of a stimulating nature. The undigested portions of food which pass from the stomach into the duodenum produce irritation and by sympathy functional derangement of the liver, digestion is thus further impeded as by the bile, the intestines are excited to proper peristaltic motion and this excitive not being supplied owing to the functional derangement of the liver, the intestine become torpid, their contents are not propeled onward undigested for

tions of food collect within the small intestines, undergoing there fermentation which produces still greater irritation, which may produce diarrhoea or constipation.

The symptoms of dyspepsy will vary according to the varieties of the disease. In the inflamatory form of the disease there is pain with a sense of weight in the epigastrium, during the process of digestion. incapacity for exertion nausea frequently attended with vomiting. Or the food may be retained until a fixed time, when a sick stomachensues followed by vomiting after which a sensation of relief is experienced. The appetite is variable being sometimes greatly increased in other cases diminished, owing to the great sympathy which exist between

the stomach and other parts of the body, any derangement of this organ may soon be followed by disease in other parts. Palpitation of the heart, throbbing of the aorta, cough and asthma, are thus frequently produced through sympathy. The nervous system is in like manner affected producing headache, worried dreams, irritibility of temper, and impairment of muscular action. The causes which general ly give rise to this form of dyspepsy are. Abuse of alcaholic drinks, the immoderate use of highly seasoned articles of diet, or food of whatever nature taken too frequently or in too large quantities, with imperfect mastication. Taking into the stomach large quantities of cold drinks, while the body is over heated from fatigue

or the powers of the system exhausted.
Dyspepsy dependent upon functional debil
ity of the stomach may result from gen
eral debility of the system, insuffi
cient nervous influence, deficient or
depraved gastric ~~Secretion~~, impeded
absorption of liquids or diminution of
the muscular power of the stomach,
thereby preventing ~~the mingling~~ the
mingling of the gastric juice with the
contents of the stomach. The most
exciting causes of this form of the
disease are improper articles of diet,
or food imperfectly masticated, or
taken at improper times, or in too large
quantities or during physical or men
tal depression. Active exercise
of the mind, during the proces of
digestion may produce this disease,
by calling away from the stomach

its proper proportion of nervous stimulous, or active exercise during the same period by calling the muscular strength away from the stomach to other parts of the body.

Treatment. The great indications to be observed in the treatment of dyspepsy, are proper attention to and regulation of diet. In all cases of indigestion whether simple or complicated, inflamatory or noninflamatory, proper attention to the quality and quantity of the diet, with the manner and time of taking the food are indispensible to succes in the treatment of this disease. Dyspepsy is a disease in which the succes of our treatment is vested in the hands of the patient himself; he being the controling agent in the management of his

diet. He should therefor receive proper instructions in regard to his diet, for by indulgence in improper articles of diet, or food taken at improper times, or in excessive quantities in a short time all that hasbeen gained by the remedial treatment of months maybe destroyed. The articles of diet can be best judged by the dyspeptic patient himself, as what might agree well with one person might in another seeming tobe similarly affected prove quite injurious.

In the inflamatory form of dyspepsy the treatment should be antiphlogistic, this may best be accomplished by blood letting, either local or general. If the patient be plethoric with a full pulse, and a considerable degree of inflamation, it maybe necessary to resort

to general bloodletting. While on the oth
er hand if he be weak and debilitated
nothing more than local bloodletting
will be advisable. This may be assis
ted by mercury, which should always
be given when the liver is disorder
ed which is apt to be the case in
this form of the disease, provided it
is not contraindicated by other cir
cumstances. Blisters may be used af
ter active inflamation has been sub
ued. The bowels should be kept
regulated by mild aperients, Opium
may be used to allay pain, when it
is excessive, but as it has a ten
dency to diminish the secretions of
the stomac it should only be given
in cases of absolute necessity.
Magnesia may be used as an alkli to
correct undue acidity of the stomach.

The diet should be light and unirritating; no animal food should be allowed, and sufficient time should be given between the meals for digestion.

The indications for treatment in dyspepsy dependent upon functional debility of the stomach, are to remove all irritation, and impart tone to the stomach. If the stomach has been overloaded by food, or contains undigestible portions of food which cause irritation, it may be relieved by an emetic. When the bowels are torpid which is generally the case in this form of dyspepsia, the torpidity may be relieved by administering a combination of Rhubarb, Blue mass, Ipecacuanha, especially as this constipation results in part from functional derangement of the liver, which the mercurial part of the preparation will

assist in obviating. The acidity of the stomach may often be relieved by the use of magnesia or Bicarbonate of Soda. But the most important indication is to increase the tone of the stomac. The best means for the accomplishment of this are tonics, proper nutritious diet, and moderate exercise. The best tonics being the simple bitters. The mineral acids may also be used as tonics, and antiacids, these act by strengthening the stomach and preventing the formation of injurious acids.
Great attention should be paid to diet. If the disease is unattended with inflamation, animal food should be allowed in small quantities, as it is both nutritious and easy of digestion, and by its nutritious properties it imparts tone to the stomach, which it so much needs to perform

its functions properly. The food should be properly prepared and sufficient time given between each meal for its complete digestion. Small portions of food should be taken at first gradually increasing the quantity, according to the strenght of the stomach.

Moderate exercise so as not to fatigue the body is of the utmost importance. Walking in the open air, or riding on horseback, is probably the best exercise that a dyspeptic patient can take, this should be taken a short time before a meal, and never soon after as the muscular influence which is necessary in the performance of the process of digestion, is called away from the stomach to other parts of the body.

This form of dyspepsia is also frequently

dependent upon or connected with mental anxiety; or disease. Here we should direct the patient to engage in some occupation, that will draw his attention in another direction, or in which his mind and intellect will not be so much engaged. Frequently the patients mind turns upon his own distressing complaint, thus leading to more permanent and deep seated disease, attended with great emaciation. This is best relieved by convincing the patient that you take an interest in his particular case, and directing him to travel in search of health, and thus furnish to his mind new objects and diversified scenes, to draw his attention from a disease, to which his anxiety of mind but increases and if from which it is not diverted.

will impair his intilect, destroy his
physical streight, and produce a
premature death.

AN

Inaugural Dissertation

on

Milk Sickness,

Submitted for Examination

To the

Provost, Regents & Faculty of Physic

OF THE

UNIVERSITY OF MARYLAND,

For the

Degree of Doctor of Medicine,

BY

John William Anderson,

of

Maryland.

M. D. Sculpt.

Milk Sickness.

This is a disease which has not heretofore received that attention from the Profession which it would seem to merit. Prevalent as it is in some of the larger states in our Union, it is singular that it has been comparatively overlooked, and that the investigation of its nature, has not been so vigorously pushed as its importance would seem to demand. Although it is peculiar to our Country, its name is not even mentioned in the text books, while in many of them may be found long dissertations upon diseases which are seldom or never found in the United States. From the small journals of the day alone, therefore, can any information in regard to it be obtained.

It has not I believe received a definite name, but where it prevails is variously called, Trembles, sickness, Fever, Trembles, Puking Fever, &c.

It occurs in two forms: the acute and the

Sub-acute or Chronic. To the first is commonly given the name of Milk Sickness while the last is designated by the Expressive title of Trembles, from one of its most prominent symptoms. However the Cause whatever it may be, is the same in both forms, they differing only in degree of violence.

Locality. Milk Sickness is found prevailing, extensively during certain seasons, in the Western part of the United States, seeming to be confined to particular districts, and having occurred in them from the time of their first settlement, while neighboring and adjoining districts, have been for the same time exempt, showing that the Cause, is confined to one place, and does not travel from spot to spot as Yellow Fever or Asiatic Cholera does.

Symptoms. Milk Sickness is generally preceded by dull pain in the head and back, giddiness, a sense of nausea & tenderness at the Epigastrium, and burning in the stomach. The limbs ache,

there is a feeling of general uneasiness, and great disinclination for exertion, mental or physical. The appetite is deficient or excessive, the bowels inclined to be constipated, and there are stiffness of the limbs, nausea and trembling upon exertion, or when the taking of food is delayed for a longer time than usual. The disease in most cases is not ushered in by signs, but when the premonitory symptoms have lasted for a variable length of time, the person is seized with increased pain and burning in the stomach, deadly nausea, prostration of the vital powers, and excessive vomiting. Indeed this last is the most marked and distressing circumstance observed in the whole course of the disease. The surface is cool, there is strong pulsation of the abdominal aorta, and the heart palpitates violently while the pulse at the wrist is soft, and natural in quickness, or even slower than in health.

The appearance of the tongue is variable, sometimes coated, sometimes not, but usually large and flabby. The breath is foetid; the bowels constipated, the skin cool to the touch, though the patient complains of burning heat, and calls for ice or wishes to be placed in a current of air. The countenance is expressive of alarm, and there is headache or ringing or buzzing in the ears.

The vomiting is continuous and exhausting: the matters ejected consisting at first of the contents of the stomach, succeeded by bile and a green coloured fluid or matter resembling soap suds, and at last in cases which terminate fatally; it becomes brown, in some degree, resembling coffee-grounds. However varied in appearance, it is represented as having a peculiar odor, and a sweetish and most nauseating taste. The disordered gastric action continues throughout the disease, and at the

latter stage the patient becomes Coma-
-lose, the breath is drawn in as if
with difficulty, and Expired with
a whistling sound, feeling cold when
blown into the face of a by-stander.
The disease may terminate fatally, in
from three or four to fifteen days. When
a favorable change is Experienced, the
violent pulsation in the large vessels begins
to subside, the stomach becomes calmer,
the Epigastrium less tender, - the skin
recovers its natural warmth, the distressed
Expression of the Countenance disappears,
and the patient speedily recovers his usual
good health.

Anatomical characters. After death traces
of congestion or inflammation are found in
various organs, as the liver, lungs,
spleen &c. The mucous membrane of
the stomach, always shows signs of
intense inflammation, being reddened
and very much softened in spots, so that
it can be easily rubbed off with the finger.

The brain generally found softened and somewhat congested. Mesenteric glands occasionally found enlarged, the [illegible] sometimes congested, the liver "gorged with blood," sometimes and again lighter and paler than natural. The kind generally located but in one case the pericardium, was found to contain a spoonful of reddish serum.

Nature, Cause &c. Upon this subject there is a very great diversity of opinion, arising from the fact that the disease in different localities presents a variety of aspects. Many different descriptions have been hazarded and various theories created, by those who have seen and treated the disease under different circumstances and many of these take a broad appropriate ground. When being so much diversity, therefore, in regard to this subject, I have thought best to review in detail, the most plausible of these opinions.

Among the most favored theories, is that which regards the disease, as being

produced by a specific poison [illegible] into the system, by eating the flesh, or butter or cheese or milk, of animals, infected with the peculiar disorder termed "Slows". This is thought, to arise in the animal, from a poisonous plant, which it, eats, - supposed to be the Indian Hacky or some species of Rhus. It is highly probable that the animal is poisoned, by some noxious vegetable, but it can scarcely be the Rhus, for that plant or vine, is abundant in many situations where milk sickness is never found. It is said that "water in which the flesh has been boiled, remains unaffected, while the beef is still poisonous", thus showing that the disease cannot depend upon the water drunk, by the animals, since the poison is not soluble in that fluid. Some have supposed that the disease depended upon some mineral poison in the soil, as Cobalt, Arsenic &c - as Colica

Pictorium is said to be consequent upon the presence of lead in some regions in England. Again some have ascribed it to Miasma, thinking it essentially, a malignant form of Remittent Fever. There are however some marked distinctions between it and this last named disease. Remittent Fever very generally commences with a chill, — Milk Sickness, seldom or never. Remittent has regular types, as Quotidian, Tertian &c, but no regularity of Exacerbations has ever been observed in Milk Sickness. Nausea and vomiting though very common in the former, are by no means so universally present as in the latter. Many more points of distinction might be noticed, as the pulse, tongue, violent pulsation of the Aorta &c, but these few may perhaps suffice to settle the question, that these are two distinct & separate affections.

It has also been strenuously argued,

that Milk Sickness is identical with Yellow Fever, but there are many objections to be urged against this doctrine.

Yellow fever as is well known occurs almost exclusively, where bodies of men are collected together, as in forts ships &c, and in cities, situated upon navigable waters. Dr. Wood says that "it is known or never shows itself as a prevailing disease in a scattered population, or at a distance from water," while Milk Sickness, rages most in rural districts and Country locations, at a distance from any considerable stream. The symptoms of the two affections differ much. In the fever is almost always, accompanied, by agonizing pain in the loins, so great as to extort groans or cries, while although in Milk Sickness, there is some pain in the head, back and Extremities, it is by no means, so marked or characteristic. The pulse in Yellow fever ranges from 120 to 140, or in a few cases is lower than natural, but in Milk Sickness,

it is very slightly changed though the heart and large arteries beat with violence. Again in Yellow fever the force of the attack subsides after a variable period of from a few hours to several days, and a period of calm succeeds, to be almost certainly followed by another exacerbation of augmented violence. In Milk Sickness no such course is observed, and when such remission occurs, it is generally the forerunner of a complete restoration to health. The matter vomited, in this last disease, are variable in appearance, but though sometimes dark colored with a brown sediment, could scarcely be mistaken for the black vomit of Yellow fever. It would be curious, and perhaps of practical utility to know whether the animalcules discovered by Dr Klees in the black vomit, exist also in the brown discharge of Milk Sickness.

One of the strongest arguments in favor of a vegetable origin of the disease is found

in the well known fact that the disease occurs primarily only in such animals, as subsist upon a vegetable diet, and that it is never found in Dogs, Cats &c. except as a secondary disease, resulting from their having consumed the flesh of graminivorous animals, which have died from the affection. Surely if Milk Sickness resulted from any aerial poison or Miasma, there is no reason why Carnivorous animals should not be primarily affected. Again grazing animals which have been long accustomed to the poisonous districts are not by far so readily or so violently attacked, as those which have not, they seemingly long habit to become inured to the use of the poisonous plant. The disease prevails in every sort of land — dry and marshy, high and low, and it is found that cultivations, overcomes the noxious cause. These are the principle arguments in favor of this theory, and taken in connection with the negative arguments furnished

by comparing the disease, with those which have been most confounded with it, they seem sufficient to settle the matter, until at least, more extended observation shall put the subject at rest.

Prognosis. This is very doubtful. If the case be seen early, and appropriately treated it will generally terminate favorably. But if not seen until a late stage, or if the constitution of the patient be debilitated by previous disease, or intemperance there is great probability of a fatal termination. The mortality however has been variously stated, at from five to fifty per cent. – The former by Dr Banks, & the latter by Dr Hilbert, while Graaf lost 5 out of every 6 cases.

The diagnosis of Milk Sickness, has already been spoken of, in comparing its symptoms, with those of the diseases for which it is most likely to be mistaken. The peculiar tremors of the limbs, faintness and nausea upon exertion, which precede

the attack will generally Enable the Phy-
-sician to discriminate it.

Treatment. When the disease is seen very
Early, during the premonitory stage, and be-
-fore the open onset, a brisk Cathartic, fol-
-lowed by Opium, to quiet the gastric
distress and allay vomiting, will generally
be successful in removing the symptoms.
Emetics have been recommended, but are
far more likely to do harm, than good,
by irritating further the stomach, unless
indeed, at the very Commencement, and
when some of the poison is suspected to
still remain in the stomach. Two a small
dose of Ipecac. with warm water will be
sufficient. Authorities differ greatly
in respect to blood letting — but when
there are much reaction, violent headache,
&c, benefit might be Expected from a mod-
-erate bleeding, but in most cases Cups
or Leeches would be sufficient, and much
good might result from their judicious
Employment.

Calomel should be given in large doses every four or six hours, until the bowels are evacuated, and may be usefully combined with Opium, if there should be Excessive irritability. Enemata should also be Employed, and when the stomach will bear it, the Calomel, should be followed by Castor oil & Spts. of Turpentine. The burning at the pit of the stomach may be allayed by the use of Soda powders with half the usual quantity of acid. Blisters and Sinapisms should be used in the early stage to do any good, and hot applications should be employed to the Extremities. Sulph. Quinine has been highly lauded in this disease, - under the impression, I suspect, that it was the same as Bilious Fever. Alcoholic liquors are well borne in Milk Sickness, - and it may be necessary to use them freely with other Stimulants, in a Typhous state which sometimes Comes on, when action upon the bowels has been obtained,

and the stomach quieted. A strong infusion of Galls was found, by Graaf to neutralize the poison. If this prove true much benefit might result from their use, at an Early stage when the poison yet remains in the stomach, but whether the neutralizing principle would Enter the blood, and pursuing the poison, over come it, wherever found, is a matter of Extreme doubtfulness. The principle indications then in the treatment of Milk Sickness are three. Viz. 1st. To quiet the irritability of the stomach and arrest vomiting. 2nd. To Evacuate the bowels as speedily as possible. 3rd. To stimulate, when the system is becoming exhausted. and is about to sink.

J. W. Anderson

Baltimore Feb. 1854.

An

Inaugural Dissertation

on

Ascites;

Submitted to the examination

of the

Provost, Regents

and

Faculty of Physic

of the

University of Maryland,

for the degree of

Doctor of Medicine,

by

James Stevens Chaplain,

of

Maryland.

1854.

Diseases are as various and unlike as the study of them is interesting and profitable; but in the long catalogue of ailments there is nothing more interesting nor obnoxious than Dropsy. To know that infirmity so gradually stealing upon us, and that the human form divine varies more and more from its standard of health and beauty of proportion - these are some of the abnormal consequences of dropsy; and fortunate is the Medical Man, who, by a train of skillful efforts, under the assistance always of the vis Medicatrix Naturæ, removes such apprehensions & symptoms, and brings renewed health and vigor to his patient.

There is such a variety in the forms

of dropsy and the pathological conditions pertaining to each so different that Scientific men, for convenience, have made a separate classification, with symptoms, causes and treatment of each. Thus we have hydrocephalus where there is an accumulation of watery fluid in the ventricles of the brain; hydrothorax, or hydropericardium when the serous liquid collects in the pleura, or in the pericardium; and if the cavity of the peritoneum be the seat of the effusion we designate it Ascites. Edema and anasarca denote the accumulation in a part, or of the whole of the cellular tissue of the body; and when these exist in combination with dropsy of one or more of the larger serous cavities we denominate it general dropsy. Of these varieties I shall confine myself to Ascites.

The first symptom that warns the patient of its approach, is the depression

form, is an uneasy sensation of fullness in the lower part of the abdomen after remaining for a time in the erect posture; but this feeling of tightness is not experienced after reclining for a while, and the patient feeling comparatively well, and believing little the matter, his apprehensions are not excited until the swelling extends gradually and equally over the whole belly, and causes much uneasiness. Should the tumefaction be suffered to progress, and no remedies used, or those made use of prove inefficient, the abdomen becomes more and more distended, occasioning pressure upon the stomach and bowels, with attendant symptoms of irritation. The diaphragm likewise is pushed up, giving rise to dyspnea, particularly when in the recumbent posture. This, very frequently, is a most alarming symptom in the later stages, and the feeling

of approaching suffocation is the most distressing from which the patient has to suffer.

The urine, from the first, is generally scanty and high colored, and there is frequently thirst, dry skin and emaciation. In the cases which terminate unfavorably these symptoms gradually wear away the powers of life. The heart, from muscular debility, flags in its action, the pulse becomes feeble and irregular, drowsiness comes on, and death generally occurs from syncope.

The most terrible cause of Ascites is disease of the liver, or mechanical obstruction in the vena porta, or some of its principal branches. To show why such disease and obstruction should give rise to an accumulation of serum in the cavity of the peritoneum, it will be necessary to review the relation of the blood to the organs in question.

The blood is composed of water, albumen, fibrin, corpuscles, fatty, extractive and saline matters; and the first of these ingredients constitutes by far the largest proportion. The peritoneum is a serous membrane, and therefore a closed sack; and there is a certain amount of fluid, obtained from the blood, existing normally in its cavity for the purposes of lubrication, and to facilitate motion between its two surfaces. The veins, which, by their divergence, make up the outer parts, ramify in proximity or immediate contact with this membrane, and effusion and absorption, under the laws of heterogeneous attraction, are continually taking place through the coats of these vessels.

It has also been found, by carefully conducted experiments, that whenever the veins become entirely destroyed, from mechanical obstruction or otherwise, they are

no longer able to carry on absorption, but on the contrary, exhalation of their serous fluid contents takes place, for the purpose, as it seems, of ridding themselves of their useless fluid contents. This is exactly what takes place in Ascites, dependent upon obstruction, or that peculiar condition of the liver in which there is a shrinking and diminution of its bulk, and which is commonly met with in habitual drunkards, and those who have suffered from protracted intermittents, hepatitis or dyspepsia. The French call this particular state of the liver cirrhose, but the English more significantly denominate it the hobnail liver. The cause which gives rise to this morbid condition of the liver is chronic thickening of the capsule of Glisson. This new fibrous tissue contracts the hepatic artery, portal vein and hepatic duct to their minute ramifications in the liver, and

it follows. if from inflammation, chronic thickening of the capsule results, the vena portæ and hepatic vessels will be unduly pressed upon. By this pressure the blood from the splenic viscera is impeded in its course, and the distended vessels, by an effort of nature, seeking to rid themselves of such fullness, throw out an abnormal quantity of serum in the cavity of the peritoneum.

There are other diseases of the liver, however, besides this hypertrophy of Glisson's capsule, which cause obstruction in the portal current of blood, and which consequently give rise to ascites. Be it known a cirrhosed condition of the organ, or a tumor may be so situated in its substance as to press upon and diminish the capacity of the portal vein. Other tumors in the abdomen often have the like effect, such as enlargement of the mes-

uterine glands, cancer of the pyloric orifice of the stomach, or of the head of the pancreas.

Acute or chronic inflammation of the peritoneum may also act as an exciting cause of abdominal dropsy. We know that inflammations of every kind are characterized by tumefaction, and this tumefaction results from a turgid condition of the blood vessels at the seat of inflammation, which gives rise to transudation. This effect is seen in pleurisy, as well as peritonitis, where we have always more or less accumulation of watery fluid in the cavity of the pleura; and moreover this accumulation is generally greater in chronic than acute forms of serous inflammations. These probably are all the pathological conditions under which unmixed ascites has been found to exist. It may be complicated with edema, hydrothorax or anasarca, and

this may be dependent on various other causes, the principal of which are diseased kidneys, or heart or some other important viscus.

The diagnosis in dropsy of the peritoneum is made out with but little difficulty. It may much resemble in external appearance ovarian dropsy, but the two diseases are easily distinguished upon a proper examination, and with a correct history of the case. The enlargement in Ascites is uniform on both sides, while in ovarian dropsy the tumefaction from the commencement more irregular, and perceived more on one side. Whereas the enlargement of the abdomen is very great, however, the distinction between the two diseases by this method is very difficult. We then have to employ the sense of touch and of hearing to assist us in our diagnosis. The grand characteristic sign of Ascites is fluctuation on percussing, and percussing the abdomen.

The patient being placed upon her back, fluctuation, if present, can easily be ascertained by placing the fingers of one hand at the side of the abdomen, and with the other hand gently tapping the opposite side of the belly. By this manipulation a wave like motion of the contained liquid is imparted to the hand, telling at once the nature of the disease. This fluctuation may likewise be perceived in ovarian dropsy, but the region of dullness is not altered by position - it is always found about the situation of the umbilicus, while in ascitis this region is always tympanitic whenever the examination is made with the patient upon her back. The reason of this is, the bowels containing gas, float to the upper part of the liquid, and give out on percussion a resonant sound, while below the sounds elicited are dull. This is never the case in ovarian dropsy, for the enlarged ovary, owing to the adhesions of the mesentery,

always rises in front of the intestines; consequently there is resonance in the iliac regions with dullness about the umbilicus, but the position of the fluid be as it may. But in these diagnosing ascites from ovarian dropsy there are some conditions in which it is possible for us to be mistaken.

In ascites the distention may be so great that there is not sufficient breadth of the mesentery to allow the intestines to float to the surface; or abnormal adhesions of the intestines may have taken place and thus prevent them from rising; and lastly, air may be contained in the ovarian cyst, and give rise to tympanitis in the umbilical region. These causes, that may possibly mislead us, fortunately very seldom exist; and the physical signs and auscultatory symptoms already enumerated are so very valuable and certain that there is scarcely room for fallacy, even to the most unpractised observer.

From an likewise constitutional disturbances in Ascitis, such as a sallow complexion, debility and emaciation, resulting from disease of so important an organ as the Peritoneum; while in ovarian dropsy, the general health suffers little, because the ovary being an organ essential only to fecundation, and not involving any other function in the economy of the individual, the disturbance of the general constitution is slight and unimportant. A distended bladder may sometimes be mistaken for Ascitis. So may omental dropsy, dropsy of the Fallopian tubes or uterus - but these last are very uncommon, and may be distinguished by the particular circumstances peculiar to each.

The condition, however, which most frequently gives rise to a mistake in diagnosis is Pregnancy. Often, indeed, have the symptoms and Morbid Constitution been confounded and confounded at the dilution

of an ascites per vaginam in spite of all his hydragogues. We must guard against forming too hasty conclusions without a proper examination in such cases; and we must not place implicit reliance upon the statements of the patient, who, under peculiar circumstances in cases of this sort, is particularly disposed to mislead a person by misleading one.

The prognosis in abdominal dropsy is rather unfavourable than otherwise. When produced by peritonitis it generally yields readily to remedies, if unaccompanied with disease of the liver, and submitted to treatment in the earlier stages. The indications are likewise favourable when the disease of the liver is most confined to the peritoneal surface; but when the organ is indurated, or filled with tuberculous deposit, the cure at best is exceedingly difficult, and in most cases impossible. When

is always much difficulty, however, in ascertaining the amount and nature of the disease in the liver, and consequently an opinion as to the probable result should be given with caution and uncertainty.

In considering the treatment of Ascites we would necessarily study the pathological conditions under which it exists, and remembering the three channels by which the accumulation of water may be got rid of, and making choice of the most eligible, address our remedies accordingly. When the accumulation of water has come on without pain, fever or any other symptoms of inflammation, and when there exists nothing that indicates disease in the kidneys, our best hope of evacuating the liquid is by means of diuretics. And as we have found that disease of the liver is a frequent predisposing cause, so ought we, whenever such disease exists, to continue our

diuretics with Mercurials, or such other remedies as are calculated to correct the morbid condition of this important viscera. An excellent prescription to fulfill these indications is the following -

℞ Pulv. Hydrarg.
Pulv. Scillæ
Pulv. Digital. āā gr. j
ft. pil. -

given morning, noon and night, and continued till slight ptyalism shall have been produced. Iodine frictions may at the same time be used over the right hypochondriac region, if the liver is enlarged or indurated. Under this treatment the disease is frequently found to subside, and finally terminate most favourably.

Such are cases, however, which obstinately refuse to yield, under the use of diuretic treatment. Change it as we may. We are compelled in such cases to abandon

the kidneys, and direct our remedies to the alimentary canal or the skin as a channel for eliminating the fluids. In the use of cathartics these should be employed which are calculated to produce watery evacuations, such as Jalap, gamboge, croton oil &c. This cathartic treatment would perhaps be preferable in cases where the system is not debilitated, when the pulse is firm, and the powers of life comparatively strong and active. Their operation should be carefully watched, and they should be discontinued if symptoms of inflammation and irritation are produced. To guard against these effects it would be advisable after purging through the day to secure repose to the patient at night by giving an anodyne and diaphoretic. Methodical compression has been favourably recommended as a remedy which has succeeded after all others have failed. It would be expedient to try it in some cases

after having made use of other remedies
without benefit.

The physician should remember that
it is only by an active and patient perse-
verance on his part, that, in the majority of
cases, he can expect to effect a cure. Rem-
edies, including the whole list of hydra-
gogues may be judiciously tried, and yet
the disease so far from yielding, may
gradually grow worse, until the distended
abdomen pushing up the diaphragm, impedes
respiration, and produces symptoms of im-
mediate suffocation. Then is but one resource
in such cases, and this should always be
considered as a dernier resort - never to be
employed, unless the symptoms forcibly de-
mand it. Paracentesis, at best, is but a crime
to the disease - the accumulation of water generally
goes on more rapidly after the operation, and the
patient, after one or two repetitions of the operation,
sinks from exhaustion.

An

Inaugural Dissertation

on

Scarlet Fever,

Submitted to the Examination,

of the

Provost, Regents and Faculty of Physic,

of the

University of Maryland,

for the

Degree of "Doctor of Medicine"

by

James Henry Owings,

of

Maryland.

Gentlemen,

In attempting a medical Thesis, I do not expect to be able to bring to light any truths in relation to the subject, I have selected, which have not already, been promulgated long ere this. In the present composition, it is my intention to pen the Knowledge I have acquired of the Subject, chosen for my composition. Should, I be so fortunate, as to be able those truths to depict, I shall have obtained the aim and object of this dissertation. Though, Gentlemen, a thesis is required of those, presenting themselves for the honorable Decree of "Doctor of Medicine", their ability is, or should not be placed, or their Knowledge judged of, by the learning gathered in a thesis. In this thesis, gentlemen, allow me to return thanks to you, for the aid, you have afforded me, and the Knowledge I have received direct from you, during the time I have been connected with the University of Maryland, and under your instruction. With these preliminary remarks, I propose to lay before you, for inspection, the subject of my Thesis.

In treating of this subject I will first consider the relation it bears to the other diseases classed with it, under the cognomen of the "Exanthematous Fevers." Small Pox and Measles are the two diseases classed with Scarlet Fever under this name. There are symptoms belonging to each of these diseases, symptoms similar to which also belong to the other Fevers. Thus, for example, each has an eruption preceded for a longer or shorter period by fever, it is from these symptoms that they have received their name "Exanthematous." Again, they run a certain and determinate course, again, they are contagious. Again, they seldom, or never occur a second time in the same individual. These are some of the symptoms possessed in common by each of these diseases. They mode, by which they may be diagnosed in the different diseases will be further considered and pointed out, when we come to the Diagnosis.

But, the question is asked, What is Scarlet Fever?

Scarlet Fever has been defined to be a contagious febrile disease: characterized by fever; inflammation of the fauces, with a scarlet rash appearing on the second day of the fever. which ends in desquamation.

Scarlet Fever, for the sake of convenience in description has been divided into three varieties. The Scarlatina Simplex; Scarlatina Anginosa; and Scarlatina Malignes. Though thus divided in description it is one and the same disease, in whatever form it may appear. The different varieties run into each other with such a regular gradation, that it is almost, if not quite impossible to say in many cases to which a particular disease may belong. The extremes are sufficiently well marked to strike the most casual observer.

Scarlatina Simplex. This is the mildest variety of the disease. Various premonitory symptoms may precede the onset of the disease; such as a feeling of languor, lassitude, and general malaise; disinclination to mental or bodily exertion &c.

After these symptoms have continued for a greater or less period, the fever sets in, being preceded or not, by a chile; with headache furred tongue, pain in the back and loins, hot skin, full frequent pulse and thirst. There may also be various nervous symptoms, such as restlessness, insomnolence, delirium &c. After these symptoms have continued usually for forty eight hours, a scarlet rash will be observed to make its appearance over the surface of the body. It is usually preceded by irritation of the skin causing the patient to rub or scratch the skin, and this irritation may accompany the disease for a greater or less period of its course. This irritation may be the only source of annoyance to the patient. In this form of the disease, there is no affection of the throat; and it is this absence of the throat disease that seperates it from the anginose variety. There are comparatively few cases in which sore throat is not present in a greater or less degree.

Scarlatina Anginosa. In this variety, in addition to the symptoms enumerated, as belonging to the Simple form; we have those of the throat in greater

or=

or or less amount. These are stiffness of the jaws, soreness of the throat, and pain and difficulty in deglutition. This irritation or inflammation in the fauces lessens that of the skin, and may cause the delay of the rash on the surface; it (the rash) has been said to have been postponed in some cases to the third or even to the fourth day of the fever; however, it usually occurs sometime during the course of the second day. When postponed to the third or fourth day, malignancy should be feared and the case closely watched by the physician. The eruption is said to be less abundant, and less regularly diffused in this than in the simple variety. The constitutional symptoms are generally aggravated; the fever runs higher, and is usually of the inflammatory grade; the nervous symptoms are more intense, with greater tendency to stupor or delirium. There is cough without physical signs of pneumonia or bronchitis. When the fauces are examined, the tonsils, uvula, and soft palate will be found and shining or covered with a white curdy exudation. The inflammation may extend=

into the Larynx or Trachea, and produce croup. This is, however, I believe rare. The exudation has been mistaken for the surface of an ulcer, but the mistake may be verified by removing it, when either the sound membrane, shining and glazed, or the true ulcer will appear. The glands about the neck may become swollen and enlarged, and painful, or may suppurate. Suppuration is more likely to take place in the parotid than the other glands. The tonsils may become so enlarged as to interfere with respiration. The inflammation may extend into the nares and obstruct breathing through them by the tumefaction it produces. There is sometimes an offensive discharge from the nares. The inflammation in the fauces sometimes produces an ichorous matter in them, which being swallowed has been thought, in some instances at least, at least to produce the diarrhoea, which is met with in the latter period of the disease. The inflammation may extend from the posterior nares up to the eye through the lachrymal duct. But, what more frequently happens, it extends along the Eustachian

tube to the ear; disorganizing the tympanum, by the destruction of the small bones, and the suppuration consequent thereon: From which effects the patient frequently has an offensive discharge from the ear for a greater or less time, after all other symptoms of the disease have passed away. But, this is not the worst effect which may, and does frequently occur. There frequently is permanent deafness in greater or less degree, remaining through the rest of the patients life, which can be traced directly to the action of this inflammation during an attack of Scarlet Fever.

The reddened and inflamed papillae of the tongue, projecting through the thick, white fur, with which the tongue is covered, gives rise to that peculiar appearance of the organ known as the 'Strawberry tongue'.

The fever and sore throat may continue for a time after desquamation has commenced. The fever may be kept up by the suppuration which is sometimes kept by the disease especially suppuration about the parotid glands. This is a much more grave variety, than the preceding; and may carry off

the patient, by the dangerous sequelæ, which it engen-
ders after the dangers of the disease itself have passed
away.

Scarlatina Maligna. Cynanche Maligna. Malignant Sore
Throat. This variety from its name, malignus, purports
a very serious form of the disease. The term malignant
Sore throat has been applied not from the severity of the
affection of the throat. Either the simple or anginose
variety may run on to this malignant type.

During an epidemic of Scarlet Fever, a person may
be attacked with, or without, premonitory signs with symp-
toms of the disease in an aggravated form, viz, with
a small, feeble, irregular or fluttering pulse; cool, clam-
my skin; slow, laborious respiration, muscular relax-
ation; and a general reduction of all the powers of
life, and death occur without any attempts at
reaction. Or a feeble attempt may manifest itself
and still perfect reaction never occur. Or again
a low, a dynamic type of fever may be set up with
a slow, feeble, fluctuating pulse; a dark colored
eruption, interspersed with petechiæ; with a=

great tendency to coma or deliriums; passive hemorrhages involuntary alvine evacuations and death.

When in the simple or Anginose varieties, the eruption is late in coming out; and when it appears, is dark-purple, or livid, with great pain in the back and loins; a great tendency to coma or deliriums; we should suspect something lurking behind of a malignant character. In such cases, as the disease progresses, the pulse becomes feeble, frequent, and irregular; the skin cool: and the eruption of a dark purple or mahogany colour; fetid breath; brown and dry tongue; sordes about the teeth and lips; sloughing or gangrene of the fauces; exhausting diarrhoea: some or all of which symptoms are met with in these cases.

If the disease run on, for some time, sloughing about the hips and sacrum may take place, from the diminished vitality of the parts. This form of the disease is very apt to end fatally in spite of the best directed efforts of the physician, during the first or second weeks of the disease.

Scarlatina without eruption Having Scarcatina

time =

time epidemics, cases occur, in which all the symptoms of a true & well marked fever are present, with the single exception of the eruption; as the author of this essay once witnessed in the person of his father, who, during the prevalence of the disease in his family, presented all the signs of a veritable Scarlatina, with the exception above mentioned, he having previously had the disease.

Sequelae. Among the sequelae of this disease, the following are some which are enumerated; viz, Abscess of the Parotid and Submaxillary glands; chronic discharge from the external ear; deafness; diarrhoea; pleurisy; and meningitis. But, the one, if not the most frequent, the one, which has attracted the most attention, is dropsy; which may, and does, occur as frequently as any other Sequela. Dropsy may occur in either of its varieties; it most usually commences as anasarca; and if it continue, effusion may take place into one of the serous cavities, which are the usual and accustomed seats of this disease. It is generally of an active, sthenic character, with

a high colored and albuminous urine. It is thought to be produced by the effects of cold on the Skin during desquamation.

Though dangerous in itself, and so productive of other diseases, it has been seen that Scarlet Fever will sometimes relieve obstinate Skin diseases and nervous affections.

Cause. It is now believed that this disease is caused by a peculiar contagion, which is very capricious in its action. Sometimes raging with great severity; at others with equal clemency. It usually operates through the atmosphere. It may be limited to a small scope of country; or diffused over an extended territory. Sometimes it attacks all in a neighborhood, at others, it attacks only a few, leaving the great mass unharmed.

The mortality varies greatly in different epidemics being in some very small; at others exceedingly great It sometimes varies greatly in different periods of the same epidemics. In some epidemics, it is highly inflammatory; in others, of a low asthenic type.

Age. No age is entirely exempt from the disease;

it is much more frequently found in children, than in adults; for two reasons; First, from those who are susceptible to the disease taking it, taking it while young, - Secondly, from the gradual diminution in the susceptibility of the system to the disease as age progresses.

Sex. In childhood there is, perhaps, no difference in the susceptibility; the disease occurring as frequently in males - as females and vice versa. Among adults, women are said to be more frequently affected than men; probably from being more directly, and for a greater length of time, in contact with the poison, as were they are nursing their - children with the disease. Their delicacy of constitution may also have some slight effect.

Diagnosis. The diseases with which it is most likely to be confounded are Measles and Small Pox. Before the eruption, it is perhaps impossible to diagnose them. After the eruption it may be diagnosed from them, by the eruption appearing on the second day in Scarlet Fever; on the third in Small Pox and on the fourth in Measles. In Scarlet Fever the eruption is more uniformly spread and of a brighter colour, than

in either of the other diseases. It has not the catarrhal symptoms of measles. The rash is more liable to be confounded with Roseola and Erythema, from which it may be distinguished by the eruption in these diseases, appearing on the first day of the fever; by not having the sore throat of the anginose; and, by not being contagious.

Prognosis. In a disease of such varying intensity and liable to such sudden changes the prognosis is always uncertain. In the simple variety, we may almost always augur a favorable termination. In the anginose the prognosis varies with the epidemic, in some nearly all recover, while in others nearly all perish. In the malignant, we may generally expect an unfavorable termination; yet cases sometimes entirely recover from this form of the disease. In forming a prognosis, the epidemic character of the season; the constitution and habits of the patient, and the treatment to which he may have been subjected, should all be considered. Among the unfavorable symptoms, are enumerated, a hard and dark colored eruption; sudden recession of the rash; extensive ulceration of the throat; hemorrhage and petechiae; and signs of inflammation in some important.

portant or vital organ, such as the brain, lungs &c, The favor
able are the reverse of these; viz, a bright uniform rash; =
Slight fever; mild disease of the throat; the regular oc
currence and continuance (and continuance) of the erup
tion; and an epidemic not marked by malignancy.
Treatment. In the treatment of this disease, we can not expect
to cut it short, nor should we attempt it. It appears to be a
Self limited, therefore, to cut it short, if we could, appears to
me to be only locking a portion of the poison up in the sys-
tem. We should, therefore, content ourselves, with watching
the disease, preventing it from doing harm, and keeping our
selves from doing injury. In the management of this disease,
there are three indications to be fulfilled; viz First, To mo
derate or subdue arterial excitement, when expressing; Second.
To remove all sources of irritation; and Thirdly, To support =
the powers of the system when they begin to fail (Prof G. Hews).
In the simple form of the disease very little treatment will be
required; confinement, low diet, Keep the bowels open and regu
lar, a cathartic, generally, necessary. The indications point
ed out above, relate more especially to the anginose variety.
The means best calculated to fulfill these indications,

are, Bloodletting, Emetics, Cathartics, cold, diaphoretics, and counterirritants.

Bloodletting should not be indiscriminately used in every case of Scarlet Fever. There are many cases, in which it can not be used without doing harm. Some have proscribed its use entirely. In deciding on the use, and employment of this remedy, we should carefully weigh the indications both for and against it; and should those in its favor appear more weighty than those against it; with a full strong pulse; hot dry skin; headache or delirium;- we might cautiously abstract blood from the arm, always remembering that the disease may assume a low, malignant character. We should take no more blood than is absolutely necessary. Cups or leeches may be used for the general bleeding; or in conjunction with it; and in cases of any doubt, it would, perhaps, be better to rely on them to the exclusion of the general venesection. The best situations for the leeches are on the neck the upper part of the Sternum, or on the Temples.

A very beneficial adjunct to bloodletting is cold; which should be used by sponging the surface or by general ablution.

tion. Cold applied to the surface will sometimes relieve the heat of skin, quiet the restlessness, and conduce greatly to the comfort of the patient. Cold should be used at the same time internally, either as cold water, iced water or lumps of ice, neutral mixture, Solution of acetate of ammonia, iced Lemonade to which minute portions of tartar emetic may be added, if the Symptoms of the case appear to demand, or allow it.

Emetics. Emetics may be used when any irritating ingesta have been taken a short time previously and remains in the stomach. It was formerly proposed to commence the treatment of all cases with an emetic, but, I believe they are very little used at present except under the circumstances mentioned. The best are, perhaps, Sulphate of Zinc or Ipecacuanha.

Cathartics. Cathartics are required when the bowels are constipated. Drastic purgation can only be of harm. All that is requisite, is to keep the bowels in an open condition. The best agents for this purpose are, Calomel, Rhubarb, Castor oil, Magnesia. Magnesia or one of the Alkaline Carbonates, should

be used when there are signs of acid in the Stomach. When the powers of life begin to fail we should resort to a Stimulant and Tonic made of management. The agents of this class are, Bark, Quinine, Carbonate of Ammonia, Brandy, Wine, Oil of Turpentine &c. We should be careful not to apply them to soon; nor yet defer their use to long. Local Treatment. In the simple form of the disease the throat requires no treatment. In the anginose and malignant, it requires attention. Demulcent astringent gargles should be used such as infusion of sage with alum, solution of currant jelly, or lime water and honey, vinegar and water, flaxseed tea &c &c. When pseudo-membranous or gangrenous patches appear in the throat, infusion of capsicum, prepared according to the U. S. Dispensatory is strongly recommended by Dr Wood of Philadelphia. Sulphate of Zinc and Nitrate of Silver are more relied on at present than the capsicum. Solution of Chlorine, Chlorate of potash or soda have also been used

with repeated benefit. Dr Watson speaks very highly of chlorate of potash, the formula for which is contained in his excellent work.

Externally, friction with the volatile Liniment, Capsicum, Oil of Turpentine diluted with (volatile) Olive oil may be used. Blisters have also been recommended and used with benefit. One of the best, if not the best, external applications, is a large cataplasm of Indian meal or Potatoes.

Greasing the surface with old bacon or lard will sometimes relieve the excessive pruritus of the skin. This itching in the skin is in some instances almost the sole source of annoyance to the patient.

Belladonna has been proposed and employed both as a remedy for, and a prophylactic against the disease. This is the agent principally used by the Homeopathist. I believe it is not much employed at present by the regular profession either in the treatment of, or as a prophylactic against it.

The best prophylactic is to keep children, also from those who are affected with the disease, as there is

or appears to be a gradual diminution in the
Susceptibility to the disease as life advances, as
remarked in a previous page of this essay.

An

Inaugural Dissertation

On Cataract,

Submitted for Examination

To the

Provost, Regents, and Faculty

Of Medicine

Of the University of Maryland

For the Degree

Of Doctor of Medicine

By Fenwick Robertson

Of Maryland.

Cataract

Cataract from καταρασσω to break, has been defined, "an opacity of the crystalline lens or its capsule," Again with wider limits, "any opacity between the vitreous humor, and the pupil," without regard to the nature of the opacity, or the texture implicated. This last definition is altogether agreeable, to the sense of the Greek derivation, and if we were altogether free from conventionalism in our profession, it would be but right to accept it literally. He who was aware of the medics of discrimination eighteen hundred years would bring about, and probably ignorant of the diagnosis of this from another very different disease, term it Glaucoma, But with all due respect to the memory of this learned and great man, we choose in the nineteenth century to mention his opinions, but not to be guided by them. A great number of arbitrary divisions have been proposed, some with the laudable intent of assisting the student, and without doubt, some to trouble and perplex him. Many of these I shall have occasion to mention, with

perhaps a few remarks on each. The first and most natural with which I shall open these remarks, is into, True and Spurious. True Cataract may be subdivided into Capsular and lenticular. These again into Capsulo-lenticular, Central capsulo-lenticular, Common capsulo lenticular Cystic Capsulo-lenticular Siliquose Capsulo lenticular, and bursal capsulo lenticular, Spurious Cataract enjoys quite as many subdivisions as the True. We first have the fibrinous, then follows the flocculent, clotted, trabecular, purulent, sanguineous, and pigmentous Cataract. There is a third genus belonging properly to neither of the grand divisions mentioned, but which from its situation commonly ranks under True Cataract. I mean the Cataract of Morgagni. Of these different varieties I shall have something to say in their order, and first of Lenticular. This is by far the most frequent in its occurrence of all the varieties enumerated, and most of the persons who present themselves for operation are afflicted with this form of the disease. The lens may become the seat

of disease without any of the other tunics of the eye becoming implicated, and its opacity usually increased when once begun until distinct vision is totally lost. The disease uniformly commences in the centre and advances by degrees until the whole body of the lens has become converted into an opaque mass. Sometimes the central spot remains stationary for a long time, interfering in some degree with the patient's perfect vision, but yet the source of no very great embarrassment or inconvenience. After a longer or shorter period however the disease begins to advance, and is seldom arrested until almost all light is intercepted in the ordinary condition of the pupil. Instances however are given in which the rapidity of onset was so great as to justify the term acute. Thus Richter mentions a case in which this variety of Cataract was formed in one night after retrocession of gout, and Mackenzie has an instance in which sight was completely obscured in two days. Such instances are rare, the rule being that a variable period of months or years are required

before the disease advances to maturation, and the sight is completely lost. Cataract may supervene at any time during the period of man's life, alike incident to the infant at the moment of its ingress into the world, and to the man who has toiled out his threescore and ten years of trouble and care, and is just preparing to leave it. Congenital Cataract is very far from being an infrequent disease. At the time of birth the lens is scarcely more solid than the white of an egg, and at this season the Cataract is absolutely fluid. After a few years its consistence increases, passing through the stage of gelatinous in the youth, until it becomes almost impenetrable at extreme old age. The cause of Congenital Cataract is absolutely beyond our knowledge. It may be through defective nutrition while the fœtus yet remains in matrix; or again is sometimes probably the result of great pressure exercised upon the head during its egress through the narrow passages of the pelvis. But our observation cannot extend to the operation of nature in bringing

about this unfortunate condition of things before the little being is subjecta fidelibus oculis. Our views concerning it must be purely speculative, and our reasonings of that unsatisfactory sort logically known à posteriori, when once one of us we can witness the changes begun and continued through these "windows of the soul," and inquisitive curiosity has frequently detected them in all the stages of formation. Convulsions are a frequent cause of the Cataract of children, and external injury by blows upon the eye ball displacing the crystaline and thus allowing the aqueous humor to come in contact with the lens, also not unfrequently causes it. Anything that materially interferes with the perfect operation of the fifth pair of nerves may engender the disease, and I throw it out as a guess: whether congenital cataract be not sometimes formed in ~~formed in~~ this way? One means of ascertaining the fact, would be to take particular notice of hydrocephalic cases, since the compression of water within the brain considerable as it sometimes is, would

give rise to this condition, if our French authorities are correct in stating the above mentioned as a pathological cause. The capsule being always bathed in the aqueous humor is fitted to resist its absorbent power, Not so the lens. A fall, or a blow from a billet of wood, not unfrequently tears its protection away, absorption goes on rapidly and confirmed opacity is the result. Sometimes however the result is not so disastrous, union between the corneal edges of the capsule takes place, and if the lens has not been exposed for too long a time to the action of the humor, the patient may recover with only a slight clearing of vision. This fortunate result is but rarely the case. Absorption goes on rapidly, the lens is altogether disorganized, and the opposing surfaces of its investing membrane adhere to the perhaps, total exclusion of light. In more advanced life this form of the disease is most commonly the effect of defective nutrition. The lens has not sufficient pabulum afforded, it wastes and dies. Necrosis occurs here just as certainly as in the tibia, and at times for the same reasons

sources of support are cut off, absorption of the material already afforded goes on, and the organ losing all and gaining none, at last passes beyond the limits of vitality, and becomes unfit for use. It is probable this kind of obscurity may sometimes, but very rarely, be the result of inflammatory processes; whether set up in the lens itself or affecting it through the medium of nervous sympathy, is uncertain. Upon this principle must be explained the case of Richter cited above. We know that inflammation does at times accompany the retrocession of gout, and in severe cases frequently of a dangerous character. We have rheumatic opthalmia, and arthritic opthalmia is what more than one gouty devotee can testify to. If Conjunctivitis or retinitis, if gastritis or Epididimitis, may be, and not unfrequently are, the result of gouty retrocession, why may we not ascribe a formation manifestly the result of such accident to the development of either immediate or mediate inflammation. The sudden suppression of natural, or long continued discharges,

have in their turn given rise to Cataract
Exposure during the Catamenia has been known
To cause it, as well as check of perspiration.
Instances of this kind are, however, extremely
uncommon, and we should have our apprehensions excited in anticipation of different results following such exposures.
Thus far we have based a disease resident
in the lens alone, without any of the other
tunics being involved, but we are to consider
in the next place uncomplicated Capsular
Cataract. As the lens is defended by and
encased in a capsular covering, that forms
its complete investment, consisting of an anterior and a posterior surface, we may expect to find either of these surfaces affected by opacity, to the exclusion of
the other. Now this frequently happens. Both
may become the seat of disease, but it
is by far most frequently the case that one
only is affected at a time. The anterior
surface of the capsule is more convex,
is thicker, and more liable to this disease
than the posterior. A central opacity is
commonly first noticeable and from this

point radii shoot by degrees over the entire surface to its margin. At times instead of these striæ, dots appear over the entire surface of the capsule, apparently seated in a nebula of much less intensity than themselves. Indeed this nebulous appearance is most generally the ground as it were, pervading the entire capsule, or its anterior aspect, and obscuring the intervening striæ, in both the dotted and radiated variety. This form of Cataract is mostly the result of inflammation occurring sometimes in the capsule itself, but most commonly transmitted sympathetically from the iris, Sclerotic, Cornea, Choroid or Retina. It may be aroused by any of the causes which we have seen give rise to the foregoing varieties, and when once begun never ceases until all the mischief that can be accomplished is done. I have chosen to consider this as a distinct form of the disease, and so indeed it is, but only during its incipiency. When it becomes fully developed the lens always partakes of the morbid process, and the diseased conditions taken together form

the capsulo lenticular Cataract mentioned in the begining of this Thesis. There is nothing sufficiently peculiar in the nature of the posterior capsular cataract that should detain us long, save in the diagnosis. It always appears much less distinct than the anterior and set far in the rear of the pupil. Its origin and tendency are so similar to the former as to require no distinct description. The Morgagnian Cataract last mentioned in the general division properly comes into notice in this place. This is nothing more than an opacity of the fluid that bathes the interior of the capsule, and exterior of the lens. It becomes of a milk and water color partially intercepts vision, is ordinarily the result of inflammation, does not necessarily interfere with either capsule or lens, and very often disappears without the cooperation of surgery.

It is hardly necessary to recommerate and discribe the many different forms of the ~~disease~~ mentioned in the beginning of this essay. Many have contended and with plausibility

that not partaking of the nature of true cataract as commonly understood, they scarcely deserve the name. Indeed several of them are known and described under an entirely different term, and derive importance only from the interception of vision they cause. It is hardly desirable at this day to follow any disease through labyrinthal ramifications of scholastic description. In proportion as things are less understood, men torture their brains for niceties of description, for the ampullas et sesquipedalia verba as if the whole merit of a medical treatise consisted in the length of syllables composing it. A distinguished instance of this fault is found in the disease under consideration. Not content to divide it into the many forms we have spoken of, learned men have not hesitated to show forth their pedantry and affectation ~~and affectation~~, by subdividing these severally into as many more. Thus the most usual form of the disease, the capsulo lenticular, for many years was obliged to bear up under the variegated jargon of - Marmoracea - Stellata,

dimidiata, fenestrata punctata, with others quite as euphonious. We pass on next to the consistence complications and treatment. And first of Consistence. Cataract may be fluid, gelatinous, tough or hard. The fluid condition is altogether confined to infancy, it never being met with in more advanced life. Its color in this condition is variable, mostly partaking however of that faint blue, which citizens think indispensable to good milk. As the season of life advances, the consistence increases, until at five years the lens has become quite gelatinous. At this age the cataract is of a dirty white, sometimes approaching a lead color. From this stage it advances through the intermediate condition of tough, until about forty five, when it becomes hard and unsafe to operate upon with the needle. Toughness has by some writers, been ascribed only to different varieties of the disease, and the siloquose, cystic and trabecular are thought more particularly to partake of that quality. In advanced life the lens,

shrinks, and becomes condensed partly on account of the absorption of the watery particles, and partly on account of that hardening process all the tissues of the body more or less undergo in advancing life. If at this time opacity begins, it partakes not only of the previous condition of the tissue implicated, but the senile necrosis with the chronic inflammation which gives rise to it, contribute very much to hurry on the absorption and consequent hardening of the lens. The lenticular variety only becomes hard, and when it is so never appears white, but of a light amber color. When opacity of the Morgagnian humor occurs, it may retain its perfect fluidity, or, in consequence of the effusion of lymph, become of a glairy sticky consistence, very similar to the white of an egg. This condition Beer says is produced by the escaping fumes of the mineral acids, during the oxydation of the metals.

The complications of Cataract are various. The most unfortunate of all is Amaurosis. The want of sensibility in the retina, precludes of necessity any good from an operation. Unhappily in old persons this sensibility, in the majority of cases, is either altogether or partially destroyed. The same which gave rise to the observable phenomenon, the white spot behind the pupil, has not stopped there, but sinking deep within, has paralysed the delicate nervous web, and vision is hopelessly lost. It becomes desirable and even necessary, therefore, when an individual presents himself for an operation, that the surgeon should be able to decide, whether treatment offers any hope of success, in the restoration of sight. In simple amaurosis, the diagnosis is easy. The patient says he cant see, and the eye upon inspection reveals no film in its recess. But when either disease has just begun to mask the patient

aware mischief is going on within it is at times extremely difficult for the surgeon to decide whether Cataract, Amaurosis or Glaucoma are about making their appearance. As this is the season when prophylactic treatment is only available, it is of great consequence for us to have means of discrimination at hand, that we may at once relieve the patients uneasiness, and give him fair hopes of ultimate relief. Now neither disease in its incipiency offers means of diagnosis widely different from the other, we are therefore obliged to have recourse to collateral evidences. The patients age, his history, hereditary tendency and his habits of life, will assist us, and must be made use of in forming our diagnosis. When the disease has advanced further, the influence which a stronger or fainter light exerts on vision, enables us to distinguish between Cataract and Amaurosis, while the greenish color of the pupil in glaucoma, when the view is

directly in front, with its entire ~~dis~~ disappearance when looked at sideways, enable us to detect the presence or absence of opacity in the lens. The Catoptric test, invented by Monsieur Lawson a French Surgeon, has obtained great repute with the profession and deserves mentioning. This is a mode of examining the eye by reflection of light. When a candle is held before the eye of a healthy person, three images are observable, First - An erect one in front reflected from the cornea, Second - Another erect one more remote reflected from the anterior surface of the crystalline lens, - Third - a small inverted, deeply located image, reflected from the lens' posterior surface, which in contradistinction to the motions of the two former, moves downwards when the candle is carried upward. In cataract this last image becomes at an early period very indistinct and soon disappears,

And the deep seat one is not long in making its exit also, In simple Amaurosis all the parts from which the reflection: comes remaining intact, of course it is observable in the three conditions mentioned above, at any stage of the disease, During the early stage of Glaucomatous degeneration, the inverted image, as in Cataract, becomes obscure, But if the candle be passed to one side of the axis of vision, the image in Glaucoma becomes more distinct, while in Cataract the obscurity remains marked as in its former situation, If any organ in the body may at different times be the seat of different diseases in their nature not antagonistical to each other, it is possible that any two or more may coexist at the same time, This doctrine which Hunter denied, is well marked in the eye as the organ, and in the different varieties set forth above as the diseases, Thus nothing is more common than for Cataract to be com-

plicated with Amaurosis, ~~The patient cannot, what in most cases~~. The patient cannot do, what in most cases is expected of him, even distinguish between day and night. This condition offers no hope of relief. The lens may be removed but the power of sight has disappeared before it. Cataract may coexist with glaucoma, and the complication at all times renders it difficult to determine how much of the disability may be referred to one or the other affection. Synchisis or an unnatural fluidity of the vitreous humor, consequent upon atrophy of the hyaloid membrane, not unfrequently coexists with it, and acute inflamation of any of the tunics may be lighted up at any period during its existence.

The treatment of this condition has been divided into prophylactic and Curative. The first falls naturally into the second, since it is not a pure prophylaxis, but only a retardation of pro-

gress after the disease has one manifested itself. The curative has an eye to the removal of the disease with or without an operation. The great object of surgery is to benefit with as little exposure to the patients feelings, and with as little risk to his general safety, or that of the particular organ affected, as possible. If Cataract could have been always cured by constitutional or local treatment, this generation would have known nothing of couching, extraction, or the instruments with which those operations are performed. Now some Surgeons very properly ridicule others for maintaining that Cataract cannot be cured minus an operation. While those entertaining an opposite opinion, quite as good naturedly, and with the advancement of their profession just as much at heart, politely swear at the first for doing any such thing. In this great discrepancy of opinion among learned men, with the mighty arms of operatives and anti operatives, con-

tending and flourishing glittering argument from their terrible goose quills before him, what is the poor unsophisticated student to do? Why precisely what the national assembly of France did, after innumerable books had been written pro and con relative to Dr. Franklin's celebrated question. Why when a fish weighing so much was put into a bowl himfull of water how much of it was lost?— try the experiment, I shall determine the question in this particular essay to my own satisfaction, and I hope also, to that of the Faculty. The usual means resorted to of counter irritation, Alternatives, and antiphlogistic regimen, will not cure, though at times they will greatly retard the progress of the disease. They may be resorted to for this purpose, in order to keep off as long as possible the time for the necessity of an operation, which, so far from being a benefit may as it sometimes is, be followed by the most pernicious consequences.

All other means having therefore failed, and the necessity for an operation being obvious, it remains for the surgeon to prepare his patient's system by laxatives and low diet before hand, and then choose between the varieties of operations suggested to his mind. One rule is indispensable to be borne in mind, never to operate if both eyes be affected, until distinctness of vision be entirely lost; and if one eye only, not at all so long as the other remains sound. The first operation and most obviously the best, when the result is happy is Extraction. But this is not to be thought of unless the surgeon has entire confidence in his hand. So extremely difficult is it to secure happy results, that an eminent man has laconically said a hat-full of eyes depend upon the success of one operation. So uncertain are its results even in the best of hands, and when conducted with the unerring skill which great

Experience gives, that most surgeons in this country rarely perform it, and it is even loosing repute with the European Faculty. The object of the operation is to make a semilunar incision through the cornea, lacerate the capsule, and carefully withdraw the lens through the opening. An eye neither too prominent nor too receding is best for the operation. The advantage of the operation is, the cause of obscurity is at once and permanently gotten rid of. The dis-advantages are, the sudden and powerful contraction of the sclerotic fibres with the muscles which regulate the motions of the ball, is apt to force the vitreous humor through the orifice in the cornea, to the irretrievable loss of sight. Secondly. The retina is obnoxious to be wounded, acute inflammation of this and the other tunics to be set up, and the eye to be ruined as the consequence. Thirdly. Prolapsus of the Iris is exceedingly likely to occur

to the great mortification of the surgeon and the great discomfort of the patient. Depression or Couching. This is a much better operation, usually less dangerous to the eye, but often very unsatisfactory in its results. Its object is to remove the cataract from the axis of vision, and is best adapted to those cases of senile cataract in which extraction is unjustifiable. The sclerotic is pierced with a needle just above the median line, to avoid wounding the long ciliary artery, the point is engaged in the lens and its capsule, and these then depressed. The depression is always more or less at the expense of the delicate hyaloid membrane in part, and sometimes even the former tissues are severally torn and injured. But even after complete and satisfactory displacement, it is apt to rise again into the axis of vision—, requiring another operation for its removal. The operation of reclination, or that of turning the lens perpendicularly to a horizontal position,

requires no notice. The operation for producing absorption is that which is most practised in this country when the Cataract will justify it, and by our own professor of Surgery with distinguished success. It is performed by introducing the needle in the manner described above, and then passing it through the lens until this is minutely divided and broken up. All the subsequent treatment necessary is, that the patient should be strictly confined to the dietetic regimen, and the eye can be carefully concealed from light, and in a few days, if no accident occur, he may be allowed to go at liberty, generally much comforted by the operation.

An
Inaugural Dissertation
on
The Symptoms Diagnosis
and
Treatment of Scarlatina

Submitted to the examination
of the
Provost, Regents and Faculty of
Physic
of the
University of Maryland
for the degree
of
Doctor in Medicine

by John C. Bush
of Baltimore Co. Md.

Scarlatina.

This is a contagious eruptive fever, particularly affecting the skin and mucous membrane of the throat. About the second day of the affection, the whole surface of the body presents little red points which are soon followed by patches of a deep scarlet colour, serrated at their edges, which become confluent, and terminate, from the fifth to the ninth day, by desquamation. The rash is slightly elevated above the skin, and disappears on pressure.

Scarlatina occurs under the three following forms, Scarlatina Simplex, Scarlatina Anginosa, and Scarlatina Maligna.

I shall describe each of these forms separately, in rotation as above mentioned.

Scarlatina Simplex. The precursory symptoms of this form, are general debility, nausea, vomiting very often, chills followed by flushes of heat and thirst, the tongue is often covered at the outset of the disease with a creamlike fur, through which are seen projecting the red & exaggerated papillae, the

edges of the tongue being likewise of a bright red colour which is very characteristic of the disease. The red points gradually multiply, and the white fur clears away, and at length the whole surface of the tongue becomes preternaturally red, clean, and raw looking. After becoming thus clean, as well as red and rough, and of a strawberry colour, it will sometimes, when the disease goes on unpromisingly, get dry and hard, as in certain forms of continued fever. Pain in the head, back, and limbs, are the ordinary symptoms of fever. On the second day of the fever, little points appear; at first of a light red, then becoming deeper coloured, appear in great numbers, on the face, neck, and chest. In the course of twenty four hours, similar spots appear on the body, and on the third day, most of the interstices which had been left are covered with large dotted patches having serrated edges. In this stage the pulse is full and very frequent, the skin is much hotter in this form of scarlet fever than in any other form.

the scarlet tint is generally much deeper in the groins, buttock, folds of the joints &c. than in other situations. About the fifth day of the eruption, the interstices between the patches become larger, the scarlet colour less vived, and slight desquamation takes place on the neck, temples, and chest. On the sixth day of the eruption, the character of the disease becomes less distinct; and, on the eighth and ninth days, desquamation from the surface of the hands, feet and the different regions of the body, takes place during that time, the patient should be particularly cautioned against exposure to a cold or damp atmosphere, for dropsy is very apt to follow on the least exposure.

Sudamina sometimes occurs in scarlatina simplex not a constant symptom, Generally located on the thorax, and on the front sides of the neck, the liquid is soon reabsorbed, and the cuticle under which it had been enclosed shrivels up, turns white, and comes off in a thick white scurf; and the part from which it separated looks as if it had been powdered.

Next in consideration is the treatment.
The treatment of Scarlatina Simplex is very simple. If the bowels are costive, some mild laxative, Castor Oil, Sul. Magnesia or something of the kind. Apply friction over the surface of the body with Cod Liver Oil or a piece of bacon rind. When the disease is highly inflammatory, with a full bounding pulse, pain in the head, take a little blood from the arm, very cautiously, bearing in mind that you have a blood poison to deal with. Sponging the surface with cold water, will be found very salutary, if it be agreeable to the feelings of the patient, but if it chill the patient, discontinue it, for it does harm. Sponging with warm water is very good, where the patient cannot bear cold. Sponging with Neutral Mixture, will be found very beneficial in this form of the disease. Great care should be taken at the period of desquamation, for the least exposure will, as already remarked bring on dropsy. Chlorate Pottassium is found very useful in small doses.

Scarlatina Anginosa. This form of the

disease is characterized by the accompanying inflammation of the throat, which in Scarlatina Simplex, is absent. It commences with more intense fever, and with sense of stiffness of the neck, and inferior maxilla. On the second day, the pharynae is inflamed, deglutition is difficult, the amygdalae become swollen, and the mucous membrane presents a vivid red appearance; the Tonsils are inflamed, the anterior and posterior parts of the pharynae are swollen, serum is poured out in the cellular tissue Gastro enteritis is very frequent a complication manifested by pain in the Epigastric region, tenderness upon pressure in that region, nausea and vomiting, tongue coated with a thick creamy like fur, through which are projecting minute papillae, the tongue being red round its edges. On the second day, the eruption makes its appearance. Its progress is similar to that described in Scarlatina Simplex. Diarrhae is very frequently present, dependant upon nervous irritation. Pain in the head often with delirium. In some severe cases the eruption does not make its

appearance till the third or fourth, and sometimes not till even the fifth day. In some epidemics of scarlet fever there is sudamina accompanying the scarlet eruption, there is great uneasiness on the surface of the body, manifested by the patient, by scratching. The patient generally finds relief by using friction with Oleum Jecoris, the Paroted and submaxilla glands are frequently affected. The Paroted is often swollen to an enormous size, which not unfrequently causes death by presure upon the Jugular vein and Caroted Artere. The Treatment of Scarlet fever Angense is similar to that of continued fever. If the heat of the surface be very great and distressing, cold or tepid sponging will be very refreshing and beneficial. If delirium should come on, shave scalp and apply cold to it and take some blood by ~~leeches~~ applying leeches to the throat, rather than to the temples, for the tonsils in this form of the disorder, are more swollen and inflamed and probably a part of the affection may arise from disturbance of the balance

of the cerebral circulation produced by the tume-
faction around the great veins that return
the blood from the head. By leeching the throat,
you relieve that part, and at the same time the
head also. If the fever is extreme and the delirium
violent, I would take blood cautiously from the
arm, while the patient is sitting up and care-
fully watch the effect.

When none of these untoward symptoms declare
themselves, all that we can do, is, to keep the
bowels open by mild laxatives. The patient may
take saline draughts which are grateful and
cooling. The citrate of ammonia, thus administered,
is very useful: and if the pulse be without hard-
ness and rather feeble, add an excess of Carbon-
ate of ammonia so that four or five grains
in each dose may remain unsaturated by
lemon juice.

With respect to the Treatment of Scarletina An-
ginosa: When the Tonsils are highly inflamed,
or when they look red and fiery, they should
be sponged with warm milk, and when mu-
cous is attached to them, and the walls of the

pharymae mopt out with anticeptic agents, such as Chlo. zinc, or Chlo. Pottassum, or, what is a very good formula; two drachms of the chlorate of potass, dissolved in two ounces of hydrochloric acid, previously diluted with two ounces of distilled water. The solution kept in a dark place, and in a well stopped bottle. Two drachms of this solution, mixed with a pint of distilled water, constitute the mixture, of which a table spoonful is a dose; and will generally suffice for cleansing the throat when Parottae gland is swollen, which is very often the case about the period of desquamation. Poultices should be applied in view of bringing suppuration.

In reference then, to this form of the complaint, the principles of treatment are, not to interfere unnecessarily, to take blood only when certain symptoms require it, and to take no more than seems likely to be sufficient for the purpose in view. To bear in mind that the system is labouring under a morbid poison which we cannot

eliminate from the blood, but the dangerous effects of which we are to watch and obviate.
Scarlatina Maligna. This form comes on like Scarlatina Anginosa, except that the symptoms come on more severe and of a graver type; even on the first accession. Sometimes, in fact, the patient is stricken dead, by the poison in a very few hours, and before any eruption or local symptoms come on. The throat-affection, however is usually very prominent. The eruption does not present a scarlet-appearance, but is more of a livid hue, and not unfrequently interspersed with petechiae. It is irregular in its first-appearance, and it may disappear and reappear several times. In this form of scarlet-fever, the pulse is small and irregular; the teeth and tongue are covered with a brown or black incrustation the eyes are much injected, and the vision is confused; the respiration is laborious and the breath is fetid; the pharynx is covered with thick, livid mucosity, and there is often

ughing of the surface of the pharynx and tonsils.
Convulsions and coma are frequent concomitants of this affection in children, while delirium and deafness attend this form in the adult.
The appearance of numerous petechiæ, of abundant diarrhœa, of difficult respiration or of persistent coma, announce the approach of death.
In the treatment of Scarlatina Maligna our efforts are generally in vain.
There appear to be two main sources of danger. The one arises from the primary impression of the contagious poison upon the body, and particularly upon the nervous System which is overwhelmed by its influence. The patient sinks frequently at a very early period, with but little change either of the skin or of the throat. If we can save such patients at all, it must be by the liberal administration of wine and tonics; to sustain the flagging powers until the deadly poison in some measure passes by.

The other sources of danger arise from the gangrenous ulceration, which is apt to ensue in the fauces when the patient is not killed by the first violence of the contagion. Sometimes the system becomes reinoculated with the poisonous secretion from the throat. Now, under these circumstances, stimulants and tonics become useful, such as wine or brandy, or gargles of the antiseptic nature, to correct the fetid condition of the throat.

The treatment of Scarlatina Simplex is very simple, keeping the bowels regular, and counteracting any untoward symptoms.

In the treatment of Scarlatina Anginosa the first indication is, to allay nervous irritation. Second to sustain the powers of life when the patient begins to sink. Third to counteract any untoward symptom. And the indication in Scarlatina Maligna is to sustain the powers of life by stimulants and tonics.

Sequela of Scarlatina are anasarca, Ophthalmia, Otitis, Bronchitis, Enteritis, and Tonsillitis, in adults; abscesses of submaxilla and parotid glands &c. in children. The Treatment of which consists of the ordinary remedies applicable to those cases.

The Prognosis of Scarlatina simplex as may be inferred from what I have said, is favorable. Sydenham's motto was that it would prove fatal only by the officiousness of the Doctor.

The Prognosis of Scarlatina Anginosa is more grave than scarlet-fever simplex. The average of the cases that prove fatal, are about eight per cent.

The prognoses of Scarlatina Malignatis more grave than either of the other forms: Generally about two thirds of the cases prove fatal.

The Diagnosis. The disease with which scarlet fever is most likely to be confounded is measles. It is distinguished however

from that disease, first, by the presence at the outset of Catarrhal Symptoms, by sneezing, the cough, effusion from the eyes and nose, which precede the rash. There is doubtless in many cases of Scarlet fever a running from the eyes and nose, but not till late in the disease; at any rate not to the eruption.

2nd. By the absence of severe inflamation and ulceration of the throat; Symptoms which always accompany severe cases of Scarlet fever.

3d. By the character of the eruption itself. The rash in measles is more elevated above the surface than in Scarlatina, and of a darker colour. In measles it is said to present somewhat the tint of a raspberry, and in Scarlet fever that of a boiled lobster. In measles the papulae are collected in semilunar clusters, leaving interstices between them of healthy skin. The redness of Scarlatina commences in minute points, which speedily become so numerous and crowded that the surface appears to be universally red. Lastly the rash of measles

comes out on the fourth day, and that of Scarlet-fever on the second day. ———

An
Inaugural Dissertation
on
Cinchona.
Submitted to the Examination
of the Provost,
Regents and Faculty
of the
University of Maryland,
for the degree of
Doctor of Medicine;
by
Robert Atkinson
Baltimore.

In compliance with the requisition of the Faculty, it is my purpose to write a short notice of Cinchona & its preparations. I select this subject because I have had some opportunity of witnessing the action of this valuable remedy, both during my residence in the Baltimore Infirmary & during a considerable part of my life, passed in a malarious region; & therefore my remarks will not be so palpable & bare-faced, a copy of authorities as they necessarily would be were I to select almost any other subject in the range of medical science.

For the same reason, I

purpose to touch but lightly on the botanical characteristics of the the Cinchona tree, the chemical constitution of the barks, & other subjects, which I must get from the text-books, but will chiefly treat of those of its preparations which I have myself used, or seen used, and about which my ideas, though more the less originally derived from authority, have been confirmed or corrected by my own experience. And I take this course not because I think it at all probable that the Faculty, that the or any one else, will ever read these lines, or that if they do they will trouble themselves about the originality or plagiarism of my opinions, but for my own satisfaction, as

it is much more pleasant to know what you are talking about, & to be able to give a reason for the faith that is in you, though that faith may sometimes prove erroneous, than to make a parrot-like repitition of the statements of others, though those statements should be absolutely accurate.

Cinchona of the Pharmacopeia is the bark of various species of the cinchona tree. There are three varieties recognised as officinal, the pale the yellow & the red barks. Of these, the yellow is preferred to the pale, and the red to both. Experience taught us that this was the order of their efficacy without giving the reason. Chemical Analysis here came to our aid, and showed that while all three varie-

ties contained Quinia & Cinchonia, the active principles of the bark, the pale contained very little Quinia, and the yellow very little Cinchonia, while the red contained both in nearly equal proportions. The bark in substance has been found specific against malarious fever, but serious disadvantages attend its use, both from the inconvenient form under which it presents itself, and the enormous quantities in which it is frequently necessary to give it.

So great a drawback was this on the usefulness of the remedy, that it not unfrequently happened that a patient would be cured of the disease, but die from inability to manage the mechanical weight & bulk of the remedy, which had, as the phrase went, been thrown in; an expression, it has been justly remarked, better fitted to describe

the shovelling of coal into a cellar than the administration of medicine to a human being. The occurrence of unpleasant consequences made physicians reluctant to use such large quantities of the article, while on the other hand it was impossible to cure the patient by the use of smaller doses. Under these circumstances, the obtaining the active principles of the bark was truly a Godsend, to the profession & to the world.

At the present day, and in this country, so far as I am aware, bark in substance is rarely if ever, used. The books say that there are cases which resist Quinine, but yield rapidly to the bark itself, and they offer in explanation the facts, first that Quinine is only one of the principles of the bark, and secondly that it exists in Nature as Kinate, while it is officinally prepared as Disulphate. Their facts are no doubt correct, & the explanation is certainly plausible

but as I have never happened to see such a case, or to be met with a person who had seen one, I do not think it necessary to do more than mention the fact that such cases have been reported.

All the preparations of Cinchona are used as tonics, in diseases characterised by exhaustion, from whatever source that exhaustion may proceed. And to this class of cases, I believe, they are all confined (except the Quinia & Cinchonia). The only one that I have ever used in this way is the Tincture, which is prescribed in this house with great advantage, either singly or in combination with various articles according to circumstances.

The Sulphate of Quinia has entirely, or almost entirely, superseded all other remedies against malarious diseases. With regard to the modus operandi of this valuable agent, many opinions have been held. Some think that it acts merely as a

bitter tonic; others that it acts by virtue of what is called an antiperiodic property, by which they say it breaks the chain of morbid associations; while others again hold that it is a direct antidote to the malarious poison. It may seem a matter of no importance, since all agree that it cures malarious fever, what may be the opinion held as to its mode of action; but in reality this difference of opinion may make all the difference between life and death to the patient, and almost always exercises decided influence on the duration of the disease. If the practitioner believes that Quinine acts merely as a bitter tonic, or as an antiperiodic, he will feel himself compelled before using it to go through a course of preparatory treatment, and to wait a decided remission, if not the complete

intermission of the symptoms. Again, knowing the tendency of Quinine, taken by a man in health, to produce determination to the head; he would consider himself almost a murderer, if he pushed the remedy, active congestion of the cerebral vessels. He would feel it his duty first to remove, or at any rate materially to diminish the congestion, & then give the remedy in small doses so as not to bring back the congestion. On the other hand, the man who believed Quinine a direct antidote to the malarious poison, while he would never neglect any preliminary measure which seemed indicated, and for which there was time, would where circumstances demanded it give Quinine at once, & in doses proportionate to the urgency of the case, without waiting for a remission, or regarding congestion, believing that

Quinine would produce a remission and relieve congestion. Those a man holding the former opinions, and following the rule of practice laid down in the books, would succeed in treating the severe congestive fevers met with in the South & West, is a question easily, but not favorably answered by any one who [illegible] such cases, & knows the treatment necessary for the preservation of life, as to the dread of bringing on the [illegible] effects of the remedy, as ringing in the ears, deafness &c, experience shows that these are more likely to be produced by the repetition of small & insufficient doses of the article than by doses sufficient to [illegible] the amount of malaria present in the system. The only explanation I can offer is that the medicine in small doses, not being able to

neutralise the poison expends its power on the constitution, while in larger doses it directly attacks the poison. Accept this explanation or not, I do not care, the facts are as I have stated. It is certain, moreover, that by freely using Quinine in the first instance, we may often really cure our patient with a smaller quantity of the drug than if we were to administer it in divided doses.

In the Baltimore Infirmary, during the present season, we have had an unusually large number of cases of malarious fever, and of these a far larger proportion have put on the congestive form than have been known for ten or fifteen years. These have all been treated with what I may term antigotal doses of Quinine, and of the whole we have lost but two one

who was moribund when brought into the house, and died in a few hours; and another, a man of bad habits, whose complication with delirium tremens. The remaining nine or ten congestive cases, up to this date (September 14th), have taken Quinine at the rate of a drachm or more during the twenty four hours until the disease was subdued, and continued it afterwards in smaller doses, convalescing rapidly under this treatment, & without a single unpleasant symptom. In cases of remittent or intermittent fever of long standing, the action of the remedy has sometimes been retarded by chronic congestion of some one of the viscera, but on this being removed by appropriate means, the case has always rapidly progressed to a favorable termination. During this season there has been but one case of trismus in the

house. It occurred during my absence, so that I never saw the case, but from what I have heard, I should think that it was not a case of congestive fever. With its history, ~~as the~~ and the mode of administration of the remedy, I am entirely unacquainted.

From my belief in the Antidotal power of Quinine against malaria, and from also believing ~~to~~ Yellow Fever to be only one form of malarious disease, (the poison ~~p~~ being present in great intensity and acting with peculiar virulence), I have been of opinion, ever since I thought at all on the matter, that Quinine was the only remedy which of much prospect of success in the treatment of this formidable disease, and that Quinine properly administered was as certain a specific against it as against the ordinary malarious fever

of this country. This opinion I held while ignorant that the remedy had ever been fairly tested against this disease, but my attention was lately called to an article in the Lancet of this month, containing an account by one of the English Navy Surgeons of his use of Quinine against Typhoid Fever. He states that, at whatever stage of the disease he may be called in, he gives Quinine in twenty grain doses every two hours, pushing the remedy to slight Cinchonism; discontinuing it then till the Cinchonism subsided, and then again administering it in ten grain doses with the same interval. Under this treatment he states that he has never lost a case in which the Quinine had a fair trial. These facts assuredly confirmed my position that to

Quinine should be given in doses proportionate to the intensity of the poison.

Has Quinine an abortive power against Continued Fevers? Until very lately it has been agreed by medical men that these diseases are self-limited and must run their course unchecked by any plan of medication, the physicians being reduced to treating the symptoms, so as to make his patient as comfortable as possible. This rule wonderfully simplifies the physician's duty, but the mortality from Typhus and Typhoid Fevers has been so great, and even where life is preserved, the constitution of the patient is so broken down by a long and tedious illness, that surely anything which offers the hope of cutting short the course of these Fevers should have a fair and unprejudiced trial. The ability to do this is claimed

for Quinine, and though the question cannot be considered by any means settled, yet there appears to be every encouragement to push our investigations, with fair ground for hoping that further experience will prove to the whole medical world what is now confidently affirmed by very respectable authority. The cases reported in the Lancet a few months back, & still more those in the last number of that seem to me almost conclusive. Those cases are however, so far as I recollect, all cases of Typhus Fever, and an authority for which I have great respect has endeavored to show why Quinine should have this power in Typhus, but be inadmissible in Typhoid Fever, by pointing out that Typhus from the first a disease of depression requiring tonics, while

Typhoid is at first more of fever of reaction, and far more apt to be complicated with local inflammation and congestion; which local inflammation and congestion would contra-indicate Quinine, even if it were proved an abortive in simple uncomplicated cases.

On this matter I have only to remark that the power claimed for Quinine in continued fevers can not be explained, save by referring to its tonic properties, and if proved to belong to it must be referred to a direct Anti-dotal action, similar or similar to that which it exercises against the malarious poison, and that, if this be true, the presence of local congestion would in no wise contra-indicate Quinine in one case than in the other. I know that it is said that in malarious fever the congestion is

part of the disease, and that by relieving the one you relieve the other, while in Continued Fever the local affection is independent, and must be treated separately. I think I might, that as in both cases the local affection arises in the progress of the disease, and without any known cause other than the disease, I can not for the life see on what ground it is assumed to be in the one case independent, and in the other a part of the disease. Argument however will never settle the question; it must be brought to the test of experience.

I have never seen Quinine fairly tried in Typhoid Fever, but in the few cases in which I have known it used in anything like certain doses the result has been very encouraging.

the case which occurred in this house a short time ago, delirium was relieved, the pulse brought down, and a perfect condition of the skin produced by the free use of Quinine for twenty four hours, and that in a case which had progressed some time before the remedy was tried.

Should Quinine be found to have the value claimed for it in Continued Fever, it appears to me, as I have stated above, that it will be necessary to enlarge it, or rather extend our views of its action, and instead of calling it a direct antidote to malarious poison, consider it an antidote to that state of the system which is common to fevers. True, we do not know what that state of the system is, but neither do we know exactly the nature of the malarious poison.

In view of the scarcity & costliness of Quinine, it becomes a matter of some moment to determine whether Cinchonine will not act as promptly and as effectually. The article has been a good deal used in this house within a few weeks past, and with very encouraging results, though it has hardly been fairly tested. Its advantages over Quinine are its much greater cheapness, its less bulk, its less bitter and somewhat aromatic taste, and its greater solubility.

I have finished. To repeat what I said before, I have not dwelt upon the botanical characteristics & chemical constituents of Cinchona, but have confined almost exclusively to its action, which I have seen tested; and I have taken this

plan, not because I supposed the Faculty or any one else would be likely to read this article, or would care for its contents if they did, but because it was more pleasant to myself to know what I was talking about.

Baltimore Infirmary,
September 12th 1853.

A Dissertation

On

The Use of Chloroform

Submitted

To the Examination

Of

The Provost Regents

And

Faculty of Physic

In

The University of Maryland

For

The Degree

Of Doctor In Medicine

By

Charles. Alexander. Ashlin

Columbus

Ohio

—

January 1854

When I look to the roll of this venerable College, and behold it studded with names innumerable and bright of living alumni, distinguished alike for learning, eloquence, and worth; It is I assure you with sincere distrust and unaffected embarrassment that I enter upon the consideration of the subject which I have chosen, for the expression of a few thoughts. —

That Chloroform and every agent capable of suspending the sensibility of the nervous system, and inducing a state of unconsciousness, should be opposed by the multitude, was to be expected, however transitory or beneficial its use might prove. But when we consider the progress of Anaesthetic medicine as compared with the introduction of many other as important articles into the Materia Medica— the

great wonder is, that beyond precedent in the history of new discoveries, its introduction & general favour has been the most rapid and complete. - That objections to the use of Chloroform, by men of very distinguished character in the profession of Medicine, are yet to be found is true: but that there are many such who have based their objections upon an intelligent use of it, is deemed extremely doubtful. Yet reasonings against anæsthesia, denounce not the use, but the user of those palliatives of human suffering and disease - And why? - because in surgical practice a certain amount of suffering and pain are necessary to promote the healing process - and in obstetrical practice to set aside the penalty of mother Eve's transgression, would be to subvert and contravene the decree of Heaven, which declares that in sorrow shall children be brought

forth. To enter into an argument to refute positions assumed without due reflection would be a waste of time, and for which reason I trust to be excused for adopting the Yankee mode of argumentation, - that of interrogation. -

If pain, suffering or pain be necessary to the safety or recovery of a patient whose disease has doomed to death, decrepitude, or surgical remedy, it is surely pertinent to enquire, how much suffering is necessary in any given case - say in a case requiring the amputation of a limb? Would not each consider the suffering endured by his patient during the operative process, as being the Quantum sufficit, and this too without reference to the time which his skill obliged him to occupy in operating. Most surgical operations are painful in their nature - pain the greatest evil that can afflict humanity, and the tendency

of which is the death of the sufferer;
must this be endured during the progress
of tedious disease, and then be necessarily
aggravated without rule or reason as absolutely
conducive to the cure of the sufferer? Is
it necessary to the recovery of a patient,
after a surgical operation, that the nervous
system should receive a shock by the
operation? If so, then all that is wanting,
as a safe rule of practice, is to determine
the amount of suffering to be allotted to each
case, whether the instrument is to be keen
edged or dull, with the character of the
operator, whether slow or expert. Is there a
man living who would contend for absur-
dities like these?—

To the obstetrical practitioner I would put
the following questions. Are there not many
cases to be found in the practice of
obstetrics, where the inexperienced practitioner
would protract the sufferings of his patient,

for many hours or days, and even endanger her life, while the skillful accoucheur would have rendered her happy, by a safe and prompt delivery, in as many minutes or hours? In such cases what is the amount of suffering proper to be inflicted upon these unfortunate daughters of Eve – for their inconsiderate progenitors transgression? Must they suffer for hours or days in their extremity, or must they die? – To assist nature by the use of appropriate means, to do that which, by her unaided powers, she is unable to effect, is most assuredly the noble mission of the medical man. His first duty is to feel assured that he is in possession of the best means known to the science of which his profession is made. His duty as a practitioner is to use his knowledge and means to the relief of his patients – consulting first their safety, and secondly –

their speedy recovery. Again if suffering
be necessary to the recovery of the sick and
the pained, in surgical and obstetrical
practice, where will such objectors find
authority for intermeddling to the removal
of suffering in any class of cases whatever.
That an agency which is capable of prevent-
ing pain in surgical operations, should
be as capable of allaying pain induced by
disease or injury is a simple suggestion
of common sense, and is verified by the
use of Chloroform in a most satisfactory
manner, in the treatment of many diseases
accompanied with, or manifested by painful
irritations. Were anaesthetic agents confined
to surgery and obstetric medicine alone,
the boon conferred upon us by a bounti-
ful Creator, would have been unspeakably
great; but when assured that such benefits
constitute but a fractional part of that
evidently designed by the giver, as the

applicability to a much wider range of disease will prove.....

To know that a certain drug is a purgative, when administered in a particular disease, assures us of its character, and indicates its efficacy to a certain extent when used in other diseases. Opium with some exceptions depending upon idiosyncracy, produces its effects with a very great degree of certainty, Alcohol will in most persons, produce a certain train of phenomena called inebriation, in which state, as in that produced by Opium, the patient will continue a longer or shorter period, owing to particular, controlling circumstances, and certain cases may even be benefited by their use, hence they are deemed medicinal and used by the faculty of Medicine as such - they excite some persons pleasurably and hence their abuse, by a perversion of their use to improper purposes. Yet who

in the profession of medicine, would
suffer his patient to languish and die
for the want of medicine, because some
one has been destroyed by the misapplied
use, or abuse of the article? The same
is true of Chloroform, and in fact of all
anaesthetic agents, but I consider in a
much less dangerous degree.- Opium though
of very great value in the treatment of
disease, seldome leaves the patient entirely
free from some of its unpleasant effects.
for several hours after he is aroused from
the repose which it induces. The effects of
Chloroform are more speedily brought about,
and much more readily dissipated, than
those of any of the narcotics- and when
withdrawn leaves the patient, with but few
exceptions, in an improved state of feelings.
Contradicting the opinion of many, that
an agent capable of making such a decided
impression upon the brain, must necessarily

prove injurious to its functions, if not to its organism - than which I believe nothing can be more unfounded. It is true that fatal effects have followed the administration of Chloroform in some instances, but I would ask, in how many cases where it has been used properly and with due caution? Should this prevent the proper use of Chloroform; from blessing mankind? - for if such an objection is true, what article in the Materia Medica will you dare handle? What one has not produced its ill effects, and even death in some instances? But do you from such instances, deduce your rules of practice? I answer you do not, or you would be compelled to abandon the profession, and leave the thousands you save by the same articles, to perish for want of medication. ---- When we reflect that many, in view of the anæsthetic efficacy of Chloroform, submit

to operations in the practice of Surgery for the removal of diseases which if left alone would destroy life; should we not from such considerations, deduce an argument in favour of its use. And again, when it is known that patients may and do submit safely to Surgical operations under its use, who could not sustain the shock of an operation without it, do not such cases produce the strongest argument in its favour? That I may not be misunderstood in reference to the use of Chloroform in Obstetric practice, it may be proper to say that I do not advocate its use in pure physiological labor, - but that it does exert a beneficial influence in pathological child bearing, is to my mind as clear as any other fact pertaining to the practice of Medicine. But why dwell upon but two branches of our profession, while considering the benefits that follow the

use of Chloroform. are not other sufferers as much the objects of our care and solicitude, as the surgical or the obstetric patient; surely they are, and to such in common with others, our attention and inquiries should be directed. I am inclined to think that the greatest amount of benefit to be derived from the use of Chloroform, will be in the anaesthetic treatment of new surgical cases. It has been used with the most decided and marked advantage, in epilepsy, hysteria, neuralgia, rheumatism, colic and asthma, and why should it not be used. Pain is an evil, without the removal of which, no remedial agent can produce its desired effect, and under the continuance of which the susceptibility of the patients system is so far suspended as to prevent the proper operations and effects of medicine from being realized. Opium will in most cases relieve

pain, but unlike Chloroform, after pain is suspended by the use of narcotics of this class, as before stated, effects frequently remain which are evils of often not less magnitude, than the pain for which the prescription was made - and among which stands most prominent, the insusceptibility of the patient to the impression of medicine as before medication, involving not a deficiency, an important loss of time, which the use of Chloroform in my opinion, would save. The susceptibility thereon being left highly improved, as a general rule by anaesthesia. The patient is in a proper condition for the reception of beneficial medication, and hence I believe it is that the term of disease is frequently cut short by the use of this means. Now I wish to be definitely understood, that while pains grievous to the patient, are frequently relieved by the use of Chloroform, so that the powers of

life may be left to take charge of the case, yet the general rule is, that other means are necessary to establish the health of the patient. Placing Chloroform where it should be, in the hands of the physician, as an invaluable means of reducing the sufferings, and hence of saving the lives of those committed to his care—.

What constitutes the knowledge of a physician? To know disease with a reasonable degree of certainty, for perfection in knowledge is not given to man— To know the ordinary beneficial effects of the remedial means that he may have occasion to use— their pernicious effects and tendencies, when given out of time, and in too large doses. In short he should be thoroughly acquainted with medicines, as classes and as individuals. a physician thus familiar with the use of medicines, should not in my opinion, stand in awe of new

remedies. if he be afraid to Visit them upon others, let him try them upon himself, for if too timid to experiment upon himself, I should not much like to be his patient, lest his discretion might allow me to die.....

Chloroform as an external excitant, as well as an internal Stimulant, is active and powerful in its effects- yet most easily controlled in its operation, retained upon the surface of the skin, it will Stimulate, irritate, or blister in a very short time. Internally its operation is decided and in many cases beneficial. I am of the opinion that it is seldom if ever necessary to produce entire insensibility, either in surgical or obstetrical practice, and never in cases purely medical. The rules to be observed in the administration of Chloroform are few and simple, therefore useless to be mentioned, as every medical

man is or should be acquainted with them. In conclusion I would suggest to the Student of medicine, not believing to the extent of some, that nature has been beaten in her operations, by the use of anaesthetics,- to arm himself not alone with Lethion and Chloroform, but with a goodly stock of patience - a calm and observing mind, trusting much to the powers of nature, and only exercise his art, when she shall have been thrown out of her plan by accident or disease.

As members of one great professional family, we should ever cultivate and cherish a fervent attachment to it, as the best and happiest system which the wisdom of man has ever devised, endeared to us by the most thrilling memories of the past, and the brightest hopes of the future. Let us not then give to it simply the cold assent of our understandings, but

feeding on it in our daily meditations, -
engrave it on our hearts, and teach it
by our example. Thus will the prosperity
and honour of the profession of medicine
be maintained, and gild the pages of
her renown, to the last syllable of recorded
time. - - - - - -

Till wrapt in flames the realms of ether glow,
And Heavens last thunders shake the world below.

Chas. A. Ashlin

Columbus

Ohio

An

Inaugural Dissertation

ON

REMITTENT FEVER

submitted to the examination of the

Provost, Regents and Faculty of Physic

OF THE

University of Maryland

for the degree of Doctor of Physic and Medicine

BY

Philip Pettebone Jr.

of

MARYLAND.

Remittent Fever 1

There is no essential difference, betwen the simple, intermittent or ague and fever so common, in some parts of our State, and the most, inveterate form of "the fever" so fatally experienced by some of our more Southern neighbours— The same cause operates in the production, of these diseases. Grade of violence, and duration, of paroxysm in the attack explained by the different degree of concentration, of the subtle poison, "miasm." constitute the chief difference betwen the various forms ~~of~~ of Bilious fevers. Peculiarities of these forms blong to particular localities, as a general rule. And as the section of this State in which I was born and raised is as remarkable for the prevalence of Bilious fever as for almost any thing else, the consideration of the disease as it generally appears in this section of country may furnish a proper theme for

This paper —

"Broad Neck" situated in Anne Arundel County between the "Severn" and Magothy Rivers, with the shores of the Chesapeake for a Southern boundary furnishes as we have said a favorite habitation for Bilious fever. From the commencement of "Cool nights" and "heavy dews" which is about the middle of August until the frosts of October are fully set in but few families escape a visit from this disease; it is an annual tribute which most of us expect to make, we look for it in our families almost as naturally as we look for the return of the Autumn season. And as I have observed it, its symptoms develope themselves somewhat in the following order, First the patient feels languid, suffers an occasional shooting pain through the head, sometimes in the back, appetite fails, and he feels an —

indescribable "malaise." These continue a longer or shorter period when the patient takes his bed with a decided chill which is soon succeeded by high febrile reaction during the chill there is increased pain in the back frequently cramps in the limbs with vomiting. As the chill subsides the fever shows itself in the flushed cheeks, rapid full pulse, severe headache and pains throughout the system.
The tongue is not always furred at first but soon becomes covered with a whitish coating, sometimes of a brownish colour. The urine from the first is usually scant in quantity and tinged with bile. These febrile symptoms generally continue from 6 to 12 hours when a gentle perspiration supervenes, which is the precursor of an abatement of the pyrexia

sufferings but only for a few hours soon the whole train of trouble is back again with increased violence, to abate again as on the first invasion. In this way the attack proceeds, undergoing regular revolutions of exacerbations and remissions until it terminates in convalescence, or assumes a more uniform continued course. Of course there will be variations from this order observed even in the same house and in the same season, much more in different localities and in different seasons. Nevertheless what I have said sufficiently delineates the most prominent features of the disease as it obtains in this locality. The mild cases of Remittent fever here ~~are~~ for the most part of the form of "double tertian" that is the exacerbations occur every day, but much

worse on every alternate day and often in the morning than the evening frequently in the morning of one day and the evening of the next.—
If suffered to run on unchecked for a few days only they are apt to assume a most dangerous character; indeed if not greatly modified by the third day by the use of remedies we usually regard it as a bad case as by that time the Congestion which occurs about the large viscera becomes as it were permanently fixed, not giving way to the usual reaction which follows the cold stage during the first paroxysms, or should this not be the case we will find the tongue becoming more loaded with a brown fur and dry, the pulse more frequent and of less volume, the skin tinged with yellow, bowels

flatulent and tender on pressure, more or less delirium, which together will furnish a case not always to be controlled by the usual remedies under the most judicious treatment there will sometimes occur complications even in apparently mild cases, which will render the attack both grave and tedious, local inflammations will be set up, the brain, or the liver or the alimentary canal will become involved and impress a peculiar character upon the case, and it is found that these complications are more common in some seasons than in others, requiring a corresponding modification of the treatment and management of the disease.

As to the causes of these differences we know nothing, some peculiarity of the weather, or of the physical

condition of the country unseen and unknown gives cast and character to the diseases of certain seasons and this is all we can say of the matter, — Indeed in regard to the cause of Bilious fevers in general when we say that it is endemical, belonging to certain malarious districts the effect of a subtile agent said to be the product of heat and moisture, acting on organic substances unseen, intangible, and the existence of which is only known from the presence of Bilious ~~diseases~~ we say about all that is known of this matter. When once the system is brought under the influence of this poisonous agent a trifling thing suffices to excite an attack of fever. Exposure to a damp cold atmosphere, too free indulgence in the pleasures of

the palate. Worms in the bowels over fatigue &c may develop an attack, but neither of these of themselves would produce the disease, there must be the pre-existent miasm, its influence exerted, and then either of the above mentioned causes is quite sufficient to call forth the Symptoms of an attack of Bilious fever. This is found by the absence of Bilious fever in high healthy localities where persons are exposed with impunity to the same exciting causes which are so pernicious to us in this sections. Care in the observance of those general Hygienic rules which experience proves to be useful every where may do much in exempting us from attacks here but they are not always effectual; during some seasons it is impossible to remain in the districts and escape.

the atmosphere seems to carry it into every nook and corner, the most exposed and the most protected. the rich and the poor alike must pay the tribute of a chill or two during some seasons. But not to dwell longer on this branch of the subject we will give the treatment generally pursued in this neighbourhood by my Preceptor as well as myself in the cases which fell under notice during the time I was in his office as a student of Medicine. In every case, the first question to be determined is the propriety of the use of the Lancet, In one season a majority of the cases required the Lancet. The patient would be found with a hot skin, flushed face, severe headache, great oppression about the praecordia, firm or corded

pulse. In such a case great and immediate alleviation of his sufferings would follow the abstraction of about sixteen ounces of blood from the arm, if the patient had youth and a robust constitution on his side the amount of blood drawn was often greater. When this remedy was omitted or deferred in most instances we had to contend with local inflammation of some organ before the patient got up again. At least, the remissions would not be so perfect; nor did the subsequent treatment prove as satisfactory. In some cases there is no doubt that local bleeding would be preferable to general, and in many, the abstraction of blood in any way would be inadmissible. Of this the Physician must determine in every case, having thus moderated the arterial action by venesection, when this

remedy was indicated, a cathartic, usually composed of equal quantities of Calomel & Jalap and the Comp: Extr: of Colocynth was administered, or else a pill of x grs of Calomel followed by Castor oil or some of the simpler cathartics usually kept in Country houses. After the action of these there was usually a marked remission, often a complete intermission, which was taken advantage of by the exhibition of about xx grs of the Sulphate of Quinine, sometimes in conjunction with a couple of grs of Opium and rubefacients and warm applications applied to the extremities a short time before the expected return of the paroxysm. In a great majority of cases nothing further was required, the case was over, and with care and prudence the patient in a few days

was able to pursue his accustomed avocation. But when the deranged hepatic and Alimentary functions demanded further remedies the compound Nitrous powders or small doses of Calomel and Ipecac; given at intervals of 2 or 3 hours are continued until a slight Mercurial impression was detected in the gums, was almost always followed by a return of the deranged functions to healthy action. I never saw benefit from decided ptyalism, but on the contrary, harm and [have] heard of death ensuing from the too free use of Mercury in protracted cases, especially in children. Where fatal Sloughing of the gums and cheeks have to the great mortification of the Physician carried off the little sufferer after the disease had apparently

yielded and there was nothing else to to prevent a speedy recovery.- The Symptoms must determine the amount of Mercury to be used in any case, administered with judgement it is one of the most valuable remedies in this disease within our reach, but at the same time it is one that has done a vast amount of injury, and is therefore, to be used with care and discretion. I have never known a case of Bilious fever treated without the exhibition of mercury in some form or other- Diaphoretics are also highly beneficial whenever the fever continues after the usual depletory means have been used, the Spt. Nit. Dulce. given in some warm drink as balm tea, generally suffices.- Leeches and Blisters constitute most-

Vesicatory agents in relieving tenderness over the abdomen or any other symptoms of local inflammation. Generally the Leeches or Cups should be applied first and then a large blister to be dressed with soft and warm poultices, and it is important to time the application of the blister so that it may be drawing about the expected time of exacerbation. It then assists in keeping off the paroxysm and breaking up the periodicity which is characteristic of the disease. Ice should always be used during the febrile exacerbations. nothing seems to control the vomiting often so troublesome in this disease better than ice given repeatedly in small pieces. Water only excites it the more. A rubefacient application over the stomach and the free

use of ice internally will often prove quite sufficient to remove this symptom. Sometimes I have seen an opium pill operate effectually especially when the febrile symptoms were moderate, in procuring the same result. Mint water and all those other carminative mixtures so often resorted to for this purpose generally effect but little good. Sometimes an effervescing draught of Carb. Potassa and Lemon juice is agreeable and will allay nausea but I have not much confidence in them.

Quinine is of the utmost value in almost every form of this disease we use in the habit of relying upon it as the chief agent in breaking in upon its accustomed course. It is not our custom to wait for a

complete intermission, the appearance of the slightest remission after the first excitement has been moderated is generally the signal for commencing with this remedy. When the remissions are short in duration & grs of the Quinine are given and repeated in 1/2 an hour intil xx grs are given frequently I have seen the whole amount given at once, with the happiest effect. With patients easily affected and with whom this remedy does not agree, for there are some who always suffer dyspnea, and some a most distressing sense of prostration and others violent pain in the head and ringing, after using this remedy. With these I have seen

Camphor and Opium added to the Quinine with the effect of preventing such symptoms. Be it it always advisable to use the Quinine the first opportunity that offers, and endeavor to give it as long a period before the expected exacerbation as possible, I have never been satisfied of any injurious result from the use of Quinine because of the presence of a slight fever, and would therefore not hesitate to use it in some cases where there was even a decided febrile excitement present In fact, our ordinary cases of Bilious Remittent fevers are so liable to assume a dangerous aspect when not speedily checked that

We think it culpable practice to defer the use of Quinine a moment longer than the necessities of the case demand. There are many other remedies occasionally resorted to in order to meet the various Symptoms which may arise, but what I have mentioned constitute the usual routine of practice in a majority of the cases which occur with us. During convalescence much benefit is often derived from the use of some mineral acid - Elec Vitriol or Nitric acid in X gtt. doses repeated two or three times a day - Or some of the ordinary vegetable bitters and when continued for a week or two, besides their

tendency to improve the general tone of the system they have a direct prophylactic influence in preventing the prevention of intermittent fever which is very apt to make its appearance in about two weeks after the patient recovers from the remittent form of the disease. We therefore generally advise the use of some remedy of this description especially to laboring persons. With a mild nutritious diet and extra care in avoiding fatigue and exposure during the first two weeks of convalescence at the end of which time if they escape any return of the disease they are for the most part safe for that Season.

An

Inaugural Dissertation

on

Intermittent Fever

submitted

to the examination of

the

Provost, Regents & Faculty of Physic

of the

University of Maryland,

For the Degree of

Doctor in Medicine

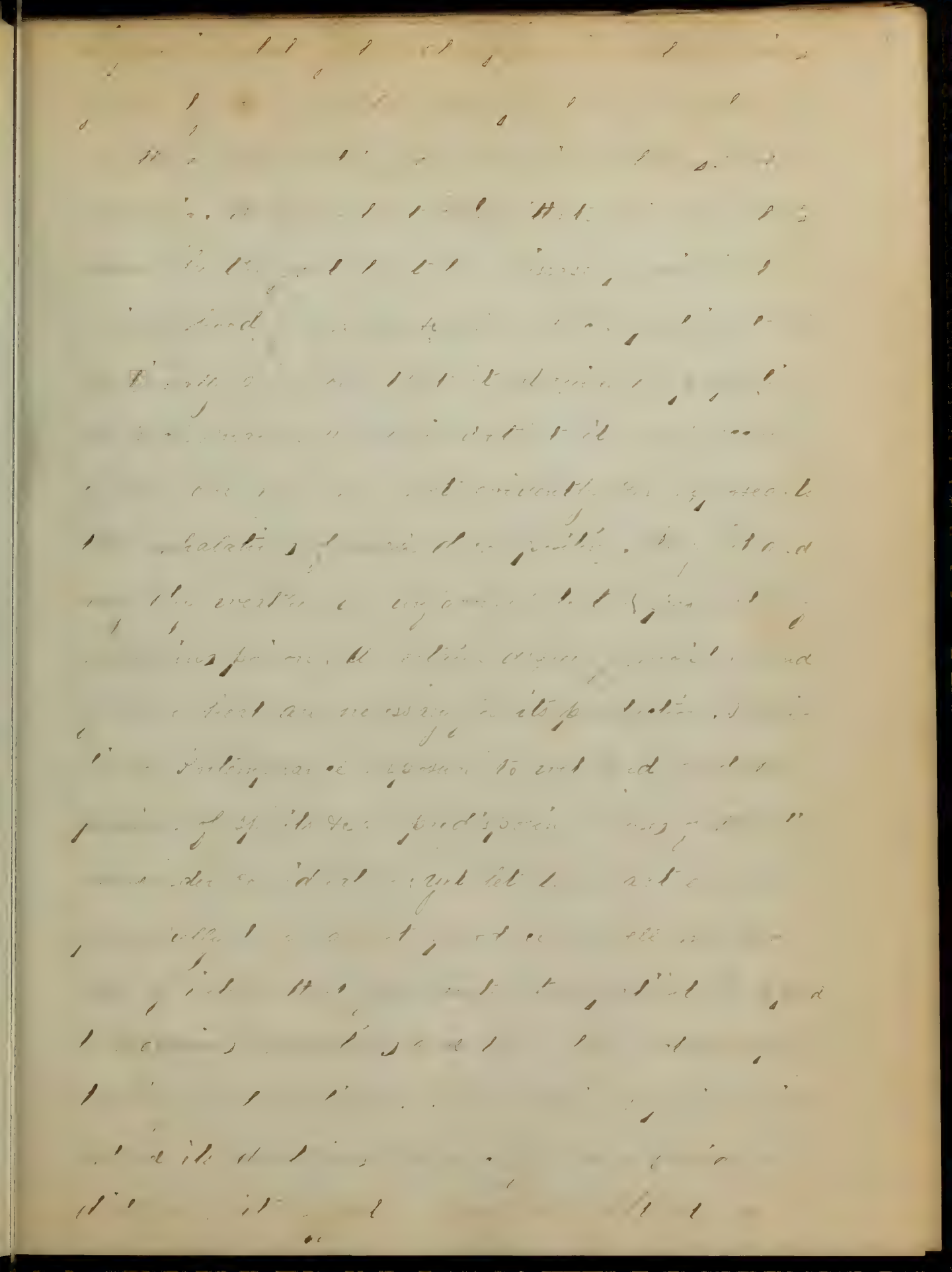
By

Saml J. Norris

of

Maryland.

Baltimore: February 1854.



[illegible] be given, and [illegible] it has ceased operating in the patient feet in warm water [illegible] and administer 30 or 40 drops of laudanum. By this treatment the chill may be prevented or at least shortened and very often the whole paroxysm is [illegible] milder. Blood letting in this stage has [illegible] ded by some authors but [illegible] to produce bad results in a majority [illegible] is not to be resorted to unless required [illegible] tion of the disease. [illegible] to the limbs and suffered to remain ten or fifty minutes not longer will [illegible] upon the paroxysm. In the hot stage [illegible] d be made [illegible] the patient [illegible] Air: Cool drinks should be administered. The [illegible] may sponged with cold water. Blood letting is not [illegible] in this stage yet is of [illegible] priety unless there exists danger of [illegible] If there be tenderness of the epigastrium [illegible]

An
Inaugural Dissertation
On
Puerperal Peritonitis

Subjected to the examination
of the
Provost, Regent, and Faculty of Physic
of the
University of Maryland
for the degree
of

Doctor in Medicine
by
James Johnston Duncan
of

Lower Chanceford
York County
Pennsylvania

To

Richard H. Thomas. M. D.

Professor of Obsteterics

In the University of Maryland,

As a mark of gratitude

for the

Many kind and valuable lessons

of instruction I have received

from him,

This Essay is inscribed

Jas. J. Duncan

Gentlemen the rules of your honored institution demands that every Student shall present to the Faculty a Thesis of his own composition on some subject connected with the different branches taught at this University, at the time of his making application for a deploma. I therefore in compliance with this rule have selected for the basis of a short essay, the disease known as Puerperal Peritonitis, or Puerperal fever; and Gentlemen in treating this subject I do not expect to cast one new ray of light before the profession that has not already been considered by men of deep thought and carefull observation, Neither is it to be expected that the ideas are new or original that I here advance; they are nothing more than the opinions of others put in our own language. Some of these opinions have received the seal of truth,

while others have not as yet been fully demonstrated.

Primeval Peritonites

Man in his primeval State was not subjected to the wrath of the devine judge, but his perfection called forth the admiration of his Creator as the most perfect of all his works upon Earth. Neather was he in that State of happiness susceptible of the suffering to which we are now incidental. All that was lovely and grand was in his possession; the fruits of the land were granted to him as a reward for his labours; the flocks of the field were made subservient to his call "he was a being half-way between nothing and a God." All the diseases to which we are now incidental were unknown and Sickness and death never infested the peacefull Shades of their lovely Paradise. The pains of disappointment were warded off by a providential

hand, and sufferings and death were terms unknown to them; the fruits of their lovely garden were delitious to the taste and scented with a fragrance that baffles all discription; planted by the hand of Nature and watered by the refreshing showers of heaven, they sparkled under the bright and beaming rays of the solar orb. The waters of the garden ripled along their meandering courses with notes of accent as they rolled their unmeried wat[illegible] toward the sea. All, all, was lovely, tranquil, grand, and sublime. But alas for man, his disobedience thrust him from that high and happy inheritance and subjected him to all the ills, diseases, sufferings, disappointments, and the very pangs of death. As a punishment for sin, the great offended Creator passed sentence that the woman should bring forth children with sorrow, "I will greatly multiply thy sorrows and conceptions; in

sorrow shalt thou bring forth children".
The verification of this sentence is fully
realized by every parturient woman
and will continue as long as the
globe revolves on her axis and the
planets keep their allotted courses
round the sun. Puerperal Peritonitis
is a disease that is never developed only
after delivery and it is wholly dependent
on such an atonic state of the
uterus as happens at such a time
as the fetus is expelled from that
organ. The disease has seldom been
known to attack a patient after
the tenth day from her delivery
and most generally in two or
three days from that time.
After delivery a woman may be
convolescing and her situation
one of the most flattering to her
Physician and all around her
when suddenly without any known
cause she is attacked with a chill

or severe Shivering and acute and lancinating pain followed by all the Symptoms of acute inflamation. This disease is not limited to any particular age or constitution but the advanced in life and the rosy cheeked primipera are alike subject to an attack and each suffer nearly alike from its consiquences. There is no situation that is exempt from this disease, although the ill ventilated and filthy damp localities in cities suffer more than the well aired and high lands and it is more common to attack a person in the most favourable situation in the boundaries of a crowded city than in the country. The modes in which this disease sets in are very different; at one time the pain immediately follows the chill, and at another the pain may advance thirty six or forty eight hours before it has reached its acme.

At times only that portion of the peritoneal sac lying directly over the uterus is attacked from the commencement, and at others the whole peritoneum appears in involved from the very begining of the disease. When the disease sets in soon after delivery the danger of a fatal termination is greatly augmented, as the soft parts and uterus have not as yet obtained their normal situation. No time is the active endeavours and skill of the Physician more urgently and promptly required than in an attack of this kind, for if it is not suddenly checked it will speedily terminate in death. The system for a time is under the highest excitement then suddenly the state of collapse comes on accompanied by great debility, the countanence becomes haggard, the lips pale, the breathing laborious and hurried, and the powers of life are immediately extinguished.

Two distinct forms of this disease have been met and described by writers of the last century. The Sporadic form which is probably the most common form for our climate is not so dangerous a malady as when it becomes contagious; it generally occurs in an isolated form, and when an attack has subsided, another may not be known in the same vicinity for many months. The other form which is contagious, beyond the slightest ground of contradiction in my opinion, is the most alarming of all the diseases to which parturient women are subjected. This form is generally confined to some certain locality or district; More commonly to the practice of some particular practitioner, while those practicing around them do not meet a single case. Yes; it is the misfortune of such Obstetritions to see their patients drop and die, while they can refer the

cause to themselves as correctly as they can the falling of the autumnal leaf to the blasting frosts of approaching winter. Every mode that is common for the contagion of other diseases and even more are common to this disease in its epidemic form. The dress of the nurse or attendant can be looked on as a medium through which it can be communicated. Medical men and those who through causes of humanity and sympathy visit them are all liable to transmit the disease to other ladies who have been confined; while they themselves remain entirely exempt from its consiquences. But it is only for the benefit of Obstetritions and the cause of truth that this disease has been described or specified under two heads. The morbid condition of the parts after death are found the same and the lesions put on the same general appearance.

But it is right that it should be spoken of under two different heads on account of one form being so very contagious that all practitioners may be on their guard against its farther spread, but as regards its cure and treatment the are precisely the same; neather of them being very governable by medicines, unless met and heroicly treated from the very commencement of the attack. It is generally believed that the contagious or Epidemic variety is the more violent in its attack more rapid in its course and more fatal in its termination. Who can read its history, or behold its march quickly hurried through its changes and not closely allay it, in regard to its mortality and speedy termination, to those diseases to which the torrid zone gives rise. There are not many diseases that lead a more speedy road to

death. If the practitioner is not punctual in attendance his visit may be too late to afford any relief. The fatality of this disease is like all often contagious Epidemics; the more prevalent the greater the mortality.

As regard its causes: many are the conflicting opinions that have been propigated most of which have been exploded in defiance of their most zealous votaries. These opinons being founded on the researches of different men of acknowledged eminence, are only so many causes of doubt and stumbling to the Student of Medicine. Scarcely do two men agree on the pathology of the disease: One teaches that it is common or idiopathic inflamation; another that it is gangrenous: and a third that it is erysipelatous: another that it is a kind of distinct fever: and yet another that it depends on the management of labour. In vain may we search the records of the past researches of the Medical proffession to arrive at some true and deffinite cause from which it takes its rise. Labour may be conducted with the greatest caution and Nature fulfils her function in the most desirable way

to the accoucheur, and without his interferance and the woman is very little more exempt from an attack of peritonitis then the one who has to be delivered with the instruments. Age and constitution has but little to do in either warding off an attack or in producing it. Judging from the best sources of information within my reach; I am led to adopt the opinion that it is produced by the causes that produce unhealthy action in general. A depression of Spirits accompanied by an anxious disposidancy may be concidered as predisposing causes. Those who have been addicted to dissipation in any of its different forms, are more liable then those who have lived a life of cleanliness & respectability. One common cause is want of substantial and nourishing diet and previous disease existing in the System. The sporadic form of this disease may often have its cause traced to some imprudence on the part of the patient; such as getting out of bed too soon, and exposing herself to a current of air or dampness, or overexertion or imprudence in diet; but most frequently by being exposed to cold; and very often indeed the cause cannot be

referred to any known circumstance. Her convalescence may be going on in the way most desireable; when suddenly she is attacked by a severe chill or rigor, which is soon followed by pain and anxiety, and her peevy expression of countanance will prove that some great change has taken place that requires prompt and immediate attention. The contagious form of this disease I have stated was often communicated by the obstetrician, but this is not the only mode by which the lying-in woman may suffer an attack. The vitiated state of the atmosphere may have its bearing on this as well as on any other Epidemic; and undoubtedly it has been correctly referred to this as a cause. Malaria may effect the system in many different ways and relax the muscular power so that it leaves the system open to the inception of disease; to this it may be referred with propriety. Low and damp, unhealthy situations where hospitals are located for lying-in women have in all ages been found to suffer much more in proportion to the number of patients than those located in more favorable situations

Some writers have laboured with all the tack and inginuity of argument that their deep and penetrating minds could a call into force to prove that the disease was brot about by the vitiated matter remaining in the uterus and being absorbed into the system, kindling a flame of disease that remedies are often unable to controle. Whether this opinion is correct or not remains for future researches to determine; and I think it is a subject worthy the carefull concidera-tion of the Pathologist. Others again sup pose that it is a gas that collects in the uterus, and I am rather inclined to think that in cases where the child is found dead in utero, and in a State of partial deco mposition, that in such cases it might be absorbed and produce all the ill consiqu-ences that occurs in Peritonitis. Again others have refferred it to the absorption of pus, and the lochial discharges. It may with a good deal of reason be refered to the increased activity of nutrition which the womb undergoes during pregnency

Its muscular and mucous coats, that organ is
expanded from its normal size which is small
to the enormous volumn which we find them
at the time of parturition. After delivery the
uterus contracts and in so doing diminishes the
caliber of the blood vessels so as to cut off
sufficient nutrition to the part and gangrene may be the result. But whatever
may be its cause, whether depression of spirits,
want of nourishing diet, cold, contagion,
a vitiated state of the atmosphere, Malaria,
the vitiated matter remaining in the uterus,
the absorption of the liquor amnii, pus on
the lochial discharge, Erysipelas, gangrene
we do know one thing that every moment
lost in treatment is a volumn of proof
that a chance of a fatal termination
is greatly augmented.

Symptoms

As regards the
symptoms of this disease there are no diversity
of opinion so far as I am aware. One of the
first causes of alarm is that of a chill.

From the time of delivery the patient may have been doing well to all external appearance when suddenly without any known cause she is attacked with a chill or rigor, sometimes imbracing a part or the whole of the person which is followed by a high inflamitory fever. The rigor is often so severe as to agitate the bed on which she is reclining. Other women cannot remember the occurrance of any chill or even any such sensation, although this is not conclusive evidence that such sensation did not occur as it might have occurred while she was asleep.

At another time the situation of the patient may not have been satisfactory from the the time of her confinement but no alarming symptoms present themselves for thirty six or forty eight hours when suddenly the inflamation bursts forth like the confined flame of a burning Volcano suddenly and hastily reaching the acme of its intensity. The occurrance of a chill is often no cause of alarm to the ignorant. The whole surface of the abdomen becomes tender to the touch and

pain generally sets in soon after that phe-
-nomanon is discovered: pressure on the par-
-ieties produce more violent pain then when
direct pressure. Dryness of the skin accom-
-ponied by morbed heat follows soon after the
chill has subsided, and pain reaches thro-ugh
-out the whole cavity of the abdomen and
some writers state that the pain extends
as far as the Sacrum & coccyx. The skin
at first is dry and hot, but after it has
lasted a short time it presents a clamy
oily, or soapy sensation to the touch.
The thirst is verry great, the tongue dry
and coated; the patient lies on her back
with her legs drawn up, the fore leg flexed
on the thigh and the thigh on the pelvis.
Many practitioners think that this choice
of position is to prevent the bed clothes from
resting on the abdomen; but the most
plausable opinion is that this choice
of position causes the abdominal muse-
-les to relax more completely than any other
and takes all or nearly all the stretch from their fibers,

Nausia and vomiting constitute very constant symptoms. The pulse is always quick & thready, presenting a very fine and sharp sensation to the touch and this may have been a cause of alarm and vigilence to the Physician for some hours before any other symptom appears. Her countanance is always anxious, eyes sunken, complexion sallow, diffusion, dejecta, and ghastly pale, every circumstance attending the appearance indicate great suffering. The respiration is very humick and more thoracic than abdominal, and all her efforts are called into exercise to prevent any action or movement of the latter. A sharp pain or aching is felt in the front part of the head extending over the frontal and front of the parietal bones. At all times when we find the pulse accelerated to that of a hundred we may be assured that danger is to be apprehended and especially if an epidemic is prevailing in the vicinity. A hacking cough is generally observed through the whole disease.

The Skin according to Armstrong is frequently found clammy in places, while others are dry and hot, and when it is about to terminate fatally, the abdominal muscles become relaxed and flabby, the eyes become sunken, dim, and inexpressive; The Cholia mostly ceases to flow, although there are occasional exceptions to this Rule. The urine is always scanty and of a very high colour, giving off a fetid odor and passed with a great deal of dificulty. The breasts are generally flaby soft and spongy in their texture, and the flow of milk is suspended. A coldness is generally evinced in the extremities from the very commencement of the disease. When she retires to Sleep, She is awakened from her repose with alarm and frightfull dreams. The belly often swells to a volumn equal to that before delivery. The slightest pressure causes agonizing pain, and the practitioner should use great care while making his manipulations lest he should inflict injury. The thirst is generally ungovernable and distressing, the tongue dry and

furrowed, other times white and cream coloured, at times it is moist throughout the whole course of the disease. Less reliance can be placed on the tongue in this than in almost any other malady. The abdomanal enlargement may be reffered to two causes, the first of which is inflatation of the alimentary canal with wind, which always collects, the second is an infusion of serum into the peritoneal sac. Nature appears to make great efforts to relieve herself of the evils going on in the vessels and in that act the effusion being forced out from the surcharged vessels although designed as a method of relief, is often productive of great evil. After the fluid has been deposited in the sac the pain is abated but more alarming symptoms take the place of those that are really of an alarming nature. The pulse becomes more frequent and can scarcely be felt, or counted. It is weak & fluttering. Languor and general distress is increased, uninterupted anxiety and restlessness is followed by muttering delerium

The cheek presents a dingy crimson flush, vomiting occurs, the intellectual faculties remain unclouded to the hour of dissolution. When subsultus tendinum and picking of the bed clothes and delirium occur we may regard the case as incurable. In the commencement of the disease the bowels are generally constipated but towards its termination diarrhea is very common, The Stools are very offensive. Some writers speak of metastasis taking place between the peritoneum and the pleura and in some instances it has been reflected to the brain. The Epidemic Style is much more fatal than the Sporadic and all its Symptoms are of a more agrivating nature.

At any time we are to expect recovery, the pulse must be slower and softer, the skin resuming its natural temperature, the thirst deminished, and the patient taking refreshing sleep, tongue moist, appetite ~~gone~~ returning, and the patient able to rest on her side, this is often one of the first Symptoms of convalescence

Diagnosis—

Peritonitis may be distinguished from any more simple inflamation by its extent and circumference which may cover the whole peritoneum of the abdomen, and all the symptoms being of a grave and violent character and giving the most excruciating pain at every movement of the body or even when we subject the cavity of the abdomen to the slightest pressure. It may be progressed from simple inflamation of the uterus by pain and tenderness not extending beyond that organ. The best plan of making such an examination to explore the extent of the inflamation is to apply the points of the fingers to the abdomen and making gentle pressure, if we find the patient making much complaint or shrinking from the touch at whatever point we apply them we may be assured that the inflamation has passed beyond that boundary. From hysteria it may often be distinguished by the pulse—

Again it may be necessary to enquire whether the patient has ever been subject to hysteria, and by carefull examination to discover whether a sufficient number of the symptoms of Hysteria are present to constitute that disease. Morbid Appearances.

Gentlemen; I have never had an opportunity afforded me to examine a patient after death, therefore I must give you the lesions as given by different authors and I take them to be correct as I am not aware that much difference of opinion exists.

The abdomen is swelled to the full extent of its muscular expantion and the cavity filled with putrid gas. Whether this gas or putrid air was collected before death or whether it is the result of putrifaction we are not able to determine. The peritoneum may at times be found to possess its natural brilliant lustre, at others the blood vessels largely dilated and the coats of the organ thickened

and congested, showing them to be in a high state of congestion or inflamation, at another time the organ is of a pale or light colour. The vessels are enlarged and a quantity of bitiated serum may be found in the peritoneal sac; this serum has often a slight tinge of blood diversified through it and making it to present a variagated appearance, at other times it resembles whey.
Small patches of lymph may be found tinging or be mixed among the serum, having been rubbed off from the body of the uterus and intestines. The whole viscera within the cavity of the abdomen may be found enveloped with lymph, which often is of a glutenous nature and which may completely glue the convolutions of the intestines together. Lymph is no unusual substance to be found covering the coats of the uterus, and is generally thickest when that organ has suffered most. On cutting through the walls of the uterus, the veins may be found to contain pus; the coats

of the uterus to be flabby and soft or the substance may be found to possess its natural appearence: at other times it may have a sphacelated appearance. All the uterine appendiges become involved; the round and broad ligaments; the fillopian tubes and ovaries are apt to become diseased. It is no unusual thing for women to become barren after an attack of peritonitis. The ovaries become enlarged occasionly; has the consistance of soft cheese that will brake under the fingers when pressed. Others have stated cases when they have found the ovaries attached to the walls of the abdomen and at other times forming ovarien abscesses. Under these circumstances pus has been found to collect in the ovary and to be evacuated through the abdomanal muscles by ulceration and generally pointing in the groin; but such cases are of rare occurrance. Often the inflamation appears to resemble that of Erysipelas and realy we should regard it as such in many cases when we see a fine woman suddenly

attacked with peritonitis and the child with facide Erysipelas. This gentleman is strong proof that the disease is of an Erysipeletous nature. The practitioner who has the opertunity of making a post mortum examination cannot use too much care when we conceider the awful mortality of the disease. He should not enter the lying-in room unto he has changed every article of dress which he had on at the autopsy; and washed his hands in soap and water, after which he should submit them to the smoke of a wood fire and again wash as previously directed. If any ulcer or sore of any kind should be found on the hands or fingers, the greatest precaution should be used against their application per vagine. We speak of this precaution here because we are led to believe from statements made that death has been transmitted in thousands of cases or rather the disease causing death. Yes; many a lovely woman has sunk and died under

the ravages of this malady; who had proper precaution been taken, the light of society might have been blest with their lovely and worthy example; and many husbands hearts been made to rejoice in the preasence of their espoused ~~wife~~ wives; but by neglect by neglect or the want of precaution, they have been made to follow the object of their heart down to the grave in sorrow. We shall give it as our advice and at the same time practice upon the precept we teach; that we should always regard the safety of our patient more then a professional fee

Treatment

There is no disease to my knowledge that requires more prompet an a decided treatment then the one under our notice. The great and almost unconquorable fire of inflamation rages like a burning volcano wasting the muscular and vital powers rapidly and hurrying its victom down the steeps of time to the

portals of Eternity, which is an inev-
itable consiquence if left to run
its course unmolested or unchecked.
Veinesection is a remedy that has been
lauded and extolled and again its
usefullness denied by others of eminence
in the profession; but carefull watchful
-ness has led the profession generally to
give it that rank among remidies
that it so justly merits. I think it
is the opinion of the profession at the
present day that unless the patient
is seen early and bled pretty freely the
chance of a favourable termination is
very much less, than it is when seen
early and veinesection practiced; and
unless the patient is seen soon after the
attack, her life is generally jeoperdized.
That we have no other remedy that we can
substitute with the same success is a
truth to which the profession has to
acknowledge with regret. As soon as
the Physician has conclusive proof that

Peritonitis is the disease with which he has to contend at once. Should he conclude that a vein should be opened and blood taken in a sitting or standing position unto approaching Syncope. Blood should be taken from a large orifice so that the impression may be sudden. We cannot state what quantity of blood should be taken, but we must bleed, carefully observing the effect. It probably is a good method adopted by some men, that a vein should be opened in each arm at the same time so that the shock may be sudden and the system made more clearly to feel its influence. Some men have attempted to establish rules what quantity of blood should be taken in a given case; but I think the best rule that can be given is quantum sufficit let that quantity be great or small and when reaction comes on open a vein a second time if necessary and take blood even a third time if the case demands it. In this way you will be liked to destroy the inflam-

-atory fire by destroying it of its fuel -
Although bleeding is the Rule there may be
cases that it would prove injurious and
even destroy all hopes of a Recovery from the
disease. If the patient is enemic and her
blood impoverished by some previous ex
-isting disease, such as intermittent rem
-ittent or Continued fever, if we employ it
in these cases it should be very sparingly.
Again there is a stated time for the
Extraction of blood and that is Early in
the progress of the disease. As a general
rule blood should not be taken Later than from
twenty four to thirty hours from the com
-mencement of the attack but in some
cases it may be taken with advantage at
a much more advanced period. It would
hardly be advisable to practice bleeding a
second time until the bowels have been mo
-ved or evacuated with a cathartic or an
enemata. Then if no decided relief has been aff
-orded and circumstances demand let not the
practitioner shrink from the duty that lies

before him, when that treatment is indicated as the most rational and doubly taught by experience to be the most reliable that we have in our possession. Again it has been recommended that the next step that should be taken is to evacuate the bowels by some quick cathartic. But this practice has also been denounced by very able and experienced men in the science; objecting on account of them causing the bowels to rub together by their peristaltic motion and thereby increasing the suffering. It appears rational that a brisk cathartic unloading the bowels already distended with feculent matter; and giving relief to the already inflamed vessels by producing a copious drain from their immediate neighborhood would be of great service. The vessels of the mucous membrane when acted on by a purge are caused to secrete an unusual quantity and thereby give relief to the serous membrane covering the intestines. Eight grains of Calomel followed in from two to four hours with ℥i of castor oil or the infusion of Senna and if this does not act in 4 hours an enemata may be administered; this would be an absolute cathartic.

If much pain continues after venesection has been carried to a reasonable extent- and the alimentary canal has been evacuated by a Cathartic or enemata it would be proper to apply leaches over the abdomen; These may require to be applied a second or third time and incouraged to bleed by applying warm fomentations over the bleeding orifices

The administration of remidies should always be in accordance with the ~~broad~~ severity of the case, and the effects of remedies form an essential part in the history of the disease. When there is much doubt in the mind of the practitioner in regard to the propriety of the use of the Lancet, it would be much better to use leaches or cups but cups cannot often be used on account of the extreme tenderness of the affected part. The use of blisters have also been lauded & decried by men of great observation and experience as therapeutical agents in this disease; but

judging from their action being that of general irritants, they would not be applicable in the active inflamitory stage of the disease; But they do become useful and very valuable agents in the latter stages of the disease when the active inflamitory stage has been changed into the subacute. One objection that may be made against their use is that they are too slow in their action. A substitute for blisters we may find in the use of flannel cloths wrung out of hot water and sprinkled with oil of turpentine and applied to the abdomen; this will produce the same effect in a few minutes that a blister would in six or eight hours. Blisters or Synapisms when applied to the inside of the thigh often has a salutary influence over the uterus. After bleeding has been practiced and the bowels has been evacuated we should then commence the use of Calomel and Opium.

Two or three grains of calomel and from one half to a grain of opium should be given every second or third hour until the constitution has become fully under its influence. The Chloride Hyd- will pro- hibit the effusion of fluid into the peritoneum; the opium will prevent the sub-muriate from passing off by the bowels and at the same time allay pain produce sleep and calm the nervous system. This treatment should be kept up until we produce ptyalism unless the pain in the abdomen should subside previous to that object being obtained. The quantity of mercury that has to be imployed in this disease before ptyalism is established is greater than in almost any other; but in the majority of cases when we can obtain the full effect of the drug recovery insues. Inunction is probably one of the best modes in which we can implay mercury as we can produce salivation more

speedily then by the mouth and I cannot
see why it would not be quite as beneficial.
My opinion is that after we have applied
a blister and salivation not yet established
-ed. that by smearing the portion with ung
-uent Hyd. and a slight quantity of pulv
opii or morphia sprinkled over it that
we will obtain results equal if not
superior to those obtained when administered
by the mouth. Emetics have been imployed
but I think they are never used at the
present day by the profession. Small
doses of Spicac may be used as nausiants
to depress the arterial action when it
is much accelerated. When there is much
nausea or vomiting a small blister over
the epigastrium; or from 1/8 to 1/4 gr of Morph
-ia; or a belladonna plaster over the stom
-ach. The oil of turpentine becomes beneficial
here as well as in other fevers of a low type.
When there is dryness of the tongue or a
tympanetic state of the intestines with
flatulency.

The muriated tincture of iron is a remedy the value of which should not be overlooked as many men well calculated to decide on its real value, hold it as almost a specific in this disease. Hot ~~baths~~ baths would probably be of great benefit provided they could be used without inflicting too much suffering on the patient. Foot baths would probably effect a salutary influence; they might be made more stimulant by the addition of Mustard. Synapisms and poultices over the abdomen are of great benefit. Such as we have described are the remedies we would employ in the active stage of this disease but they are contra indicated in the second stage which is the stage of depression.

As soon as the inflamitory stage has somewhat subsided, that of depression is ushered in and unless the disease has been conquered by the use of remedies the patient is

hurried by the swift revolutions of time down to the grave to be enveloped in the cold mantle of inanimate matter. Our treatment must be of an intire different nature from that of the former Stage. We must here resort to Stimulents and tonics, and the best of them are brandy, Ammonia, Ether, Wine, barks or their different preperations. & Aromatics and opium and its different preperations. Brandy should be given in some vehicle. After all our endeavours have been exhausted we are too often led to witness the abortive effects of all of these agents. The Physician should spend as much of his time as possable at the bed side that he may meet every symptom as it presents itself. As to diet too much care cannot be taken in any Stage. In the first Stage it should be plain and simple, such as rice, Farina, Arrow root, Tapioca, Sagoo, bread and tea et cetera

The greatest care should be taken that too much is not taken at one time

January 24th 1854.

James J Hudson, Duncan

A

Inaugural Dissertation

on

Submitted to the examination

of the

Provost, Regents, and Faculty of Physic

of the

University of Maryland

for

the Degree of Doctor

of Medicine.

Epidemic or Asiatic Cholera is a disease resembling in many respects the common Sporadic Cholera or Cholera morbus; but is contradistinguished by general, and commonly by bad marked symptoms.

The disease commences either with a slight diarrhea becoming gradually worse, or is at the beginning severe and rapidly fatal. The discharge (from the bowels) is at first feculent, afterwards assuming an appearance not inaptly compared to rice water.

Vomiting supervenes upon, or is synchronous with the appearance of the diarrhea; the matter vomited also resembles rice water.

Cramps may accompany, and sometimes precede the other symptoms.

These spasmodic contractions are of the clonic kind, and cause the chief suffering of the patient; they are

mostly situated in the extremities and abdominal parietes, but may affect other parts, as the muscles of the face etc. The muscles do influenced give to the touch more the sensation of the woody than the muscular fibre. Cramps may be entirely wanting, as when the system is debilitated by other disease, the nervous energy being apparently destroyed.

The kidneys cease to secrete urine, and do not return to their proper function until several days after convalescence; the action of the liver is also dormant; this torpidity of the liver is a characteristic symptom of the disease. In Cholera morbus the liver is too active, but in this disease, its action is entirely suspended.

The patient complains of precordial pain, the viscera in

that neighborhood being evidently con-
-gested. The eyes sink back into their sock-
-ets: the cheeks fall in: the hands become
shriveled like those of an aged woman, or
more appropriately, like those of a wash
-woman: the tongue is of a bushy hue
and cold: the breath is cold: the voice
is shrill and peculiar, somewhat resem
-bling that of an aged female, and has
obtained a distinct appellation, vox
cholerica: the pulse is small and fre
-quent, and towards the fatal termin
-ation cannot be detected at the wrist,
or even at the brachial artery: the
surface becomes of a livid or blu
-ish hue, and the extremities grow
cold: the patient becomes bathed
in a cold perspiration: the vomiting
and purging cease, and a vain
hope of the patient's recovery is often
given to his anxious friends.

The patient appears to be perfectly

indifferent to his fate, the saint and the hardened sinner showing the same apathy die apparently sensible to the last; sometimes, however, the mind becomes unconscious awhile before it enters the next state of being.

The post mortem appearances are unimportant.

The blue color of the skin remains sometime after death, and is said gradually, to disappear. Sometimes the surface now becomes blue, as in the case of a German at Cumberland, whose death was as much owing to fear as to the disease; fear is known to drive the blood from the surface inward.

The external appearance generally, is that of one who has died from extreme emaciation.

The irregular contraction of the

muscles of the extremities is often seen shortly after death; the doctor is speedily sent for with the intelligence that the patient is returning to life. Nearly all the viscera of the body are congested: the intestinal glands are slightly elevated: the bladder is contracted and without urine: the blood is of the consistency of tar. When the patient dies during consecutive fever marks of pneumonia are often found. Many of those who recover from the disease, when it has been severe, have this fever, which is of a low form resembling somewhat typhoid fever. It is said where the disease commenced, that persons walking along, apparently in good health, are sometimes seized with the disease, make a few efforts to vomit and drop down dead.

I shall next advert to the origin and progress of this present epidemic. The disease originated on the Delta of Ganges, near the end of May or beginning of June, 1817; we have however, numerous accounts of its having afflicted many parts of Africa at periods much more remote. The regions of the Ganges did not long suffice to confine the dread havock of this most mysterious disorder; so, we soon see it bringing terror and death into all the neighboring parts. It is not difficult of all the materials with which Pandora poisoned the vital breath, after a long sleep, it suddenly awoke to show mankind the magnitude of its power, and the infinitude

of its extension. In the course of 3 or 4 years it had devastated nearly all of Asia and the Indian isles. In 1823, the disease appeared at Astrakan, Orenburg, and Astracan: it was checked for a while, but made its appearance again at Orenburg in 1829, and reached Moscow on the 27th of Sept. 1830. Hence it traversed various parts of Russia, Poland, Austria, and the North of Germany. It reached England in 1831, its first appearance being at Sunderland, on the 26th of October; Jan. 1832, it was at Edenburgh; Feb. 10th, at London, the epidemic appeared in Dublin and Paris in March: on the 7th of June, it broke out in Lubeck, and 3 days afterwards was at Montreal:

on the 21st of June it visited New York, whence it spread to various parts of the republic. The disease though checked at the many places where it appeared seems to have a great disposition to return; in 1849, the malady reappeared in our land, at New York and New Orleans, and has visited most of our cities and still lurks about us. Such is a brief sketch of the progression of this most formidable disorder. Neither the fire of the South nor the gelid coldness of the North has been able to form a barrier to its invasion; even the healthy region of the temperate zone has had its atmosphere commingled with its deadly poison. Neither rivers nor ocean have for a moment caused

its stoppage. It has leaped out one city — left it smiling in health, and spread the black pall of death over another, filling its streets with tears, and its sepulchres with corpses.

Is the disease infectious? This is still a mooted question; I am inclined to think, however, it is; and my personal observation strengthens me in this opinion.

All the early cases of the disease that happened in Cumberland, last summer, could be traced from house to house as plainly as the marks of a devastating army. The disorder is supposed to have been brought to that place by the boatmen on the canal; the first fatal case was that of a boatman. The next fatal case was that of an idiotic girl living at a groggery

kept by an old Scotchman, named Hall; this place was surrounded by the boatmen, and stood at the east side of Hill's Creek, on the bank of the Potomac.

Immediately after her death, Hall took the disease and died; they were the only occupants of the house.

The next case to be noticed was that of a man named Kennedy who lived directly opposite Hall's, and was a frequenter of his grocery, he took the disease, but recovered.

Watchman named Hazel Beall who was accustomed to visit Hall's nightly, was attacked, the wife was seized by the malady, and died before the husband; he, however, soon followed her to the grave; several of the Children were seized, and two of them died. Thus there were four fatal cases

in this family; they resided in a different part of the town, at least 3/4 of a mile from Hall's; the husband had been at Hall's while the cholera was there. But this is not all. Several neighbors of Beall waited upon his family during its illness, and were visited by this frightful malady. The wife of Nelson Beall brother to Hazel went to Hazel Beall's while the cholera was there, when she had arrived home she was attacked by the cholera and died; the husband went to his brother's, took the disease and died; two of his children were seized, one died: Nelson Beall had no very near neighbors, and very few persons were willing to go near his house; there were no more cases of ~~death~~ Cholera in that vicinity, during the prevalence of the

epidemic. Nelson Beall lived outside of the town about a mile distant from his brother's.

A man named Sullivan went to Hazel Beall's took the disease, but recovered, his mother was attacked and died. The disorder soon became so diffused that it could no longer be traced.

I think in almost every case the disease can be traced to infection. The following is an account of the appearance of the Cholera at Dayton, Ohio, as given me on good authority. A gentleman and lady fled from Cincinnati on account of the malady, and arrived in Dayton; the husband was attacked with the Cholera at a hotel, and recovered; two persons who drank at the bar with him were seized, and died;

the hotel keeper was attacked, and died; the undertaker took the disease and died; the wife of the hotel keeper was not satisfied that her husband was dead, so quickly fatal was the malady, she therefore employed two persons to exhume the body; both of them were seized with the disease, and both died.

Many other examples of its infectious nature might be mentioned. All along our eastern coast the disease has not gone beyond points where travel ends. The Indians along the land route to California have suffered from Cholera, and those distant from the route have been exempt. The people of Stockton along the river route have also suffered, and the

disease thus exported to California has left fearful vestiges of its transit thither. But I do not believe the propagation of the disease depends altogether upon infection; there is good reason to suppose a constitutio aeris epidemica exists, a Choleric atmosphere as some style it. This may be compared to a magazine which only requires the match to spread death and destruction around.

The disease had been lurking about Cumberland a year or two, and had more or less impressed its nature upon other maladies. During the presence of Cholera at Cumberland every one felt the effects of the disease upon his own system: it exhibited itself by rumbling in the

bowels, and a sensation of sinking of the abdominal viscera. The sensations of the persons while lying in bed, have not been inaptly compared by them to croaking and kicking of frogs in the belly. There was a great tendency to diarrhœa, the least imprudence causing it. I have seen four or five grains of blue mass uncombined act quite briskly upon the bowels. One fact may be interesting to mention, the fowls a few miles around Cumberland were subjected to a diarrhœa, which proved quite fatal among them. There is a vulgar belief that flies die in great numbers during the prevalence of cholera, but my observation does not confirm this not objectionable fact.

Whatever debilitates the body increa

-ses the liability of taking the disorder,
hence its fatality among drunkards,
and those living in squalid poverty;
and hence also the liability of those
laboring under the depressing pas-
-sions, fear, terror, etc.

The treatment of cholera is very
unsatisfactory; but this cannot
be wondered at when we consider
how rapidly fatal the disease
often is; a few minutes after the
inception of the disease the patient
may be in a hopeless collapse.

This being then the nature of the
disorder, it is evident the most
energetic treatment is required.

During the prevalence of an epid-
-emic the slightest diarrhoea should
not for a moment be neglected,
a few minutes may elapse, and
~~and~~ the patient be almost without
hope. As soon as the diarrhoea

begins, the following prescription may be used with great advantage. ℞. Tinct. Opii

Tinct. Opii camph.

Aqæ Menth. qs. f. ℥ i

Misce et signa:- A half tea spoonful every hour until the purging is checked. A sinapism should be applied to the abdomen, and quiet enjoined. If the evacuations are becoming white, a mercurial combined with opium should be administered. Upon visiting your patient, if you find him evacuating both upward and downward, and suffering from cramps, the following treatment often operates beneficially.

A large sinapism should be immediately applied to the abdomen, 5 grs of calomel and 3/4 of gr of opium should be given every

half hour until the discharges are attained. After two days I have known the vomiting to be checked and the purging rendered light and bilious. Acetate of lead combined with opium is highly recommended by some.

A tea spoonful of spiced brandy in a table spoonful of cold water may be given occasionally: ice broken in small fragments is taken with great avidity, and relieves the intense burning experienced by the patient: the prescription mentioned above should be given after each evacuation either upward or downward. To relieve cramps in the extremities, the limbs should be rubbed with dry mustard: the apartment should be warm: too much fluid should

not be allowed to be taken into the stomach at one time, as after becoming warm it is apt to be rejected, and emesis is thus continued. Should the extremities have a tendency to become cold, mustard plasters should be applied to the wrists and ankles. When the stage of collapse has set in the condition of the patient is almost hopeless. The most successful treatment in this state of things is that practiced by Prof. Edwards of Cincinnati: the following is the prescription of the professor slightly modified. ℞. Strychnia Sulph. gr. ii.

Olei Terebinth. ℥ ii

Mucil. G. Acac. ℥ viii.

Misce et signa: A tea spoonful every hour until some change. Prof. Edwards used this remedy in all stages, and says he has

been more successful with it than with any other. He considers the nerves of animal life in this disease are in a manner paralyzed; hence the disordered performance of many of the secretory functions. The strychnia acts just as it does in common paralysis of the motor or sensory nerves: the turpentine acts as a stimulant and alterative.

I have not seen this remedy employed much in the earlier stages of the disease, the foregoing treatment being generally required, but have known it to prove successful in several extreme cases of collapse. When a person recovers from an attack of this malady, he is liable to consecutive fever, this is of a typhoid character, and must be treated accordingly. Relapse should always be feared.

Thesis

Inaugural Dissertation,

On Rubeola,

Submitted to the Consideration,

Of the

Provost-, Regents,

And

Faculty of Physic,

Of the

University of Maryland,

For the Degree,

of Doctor

Of Medicine

By

Frederick Woodly

Of

Maryland

Gentlemen of the Faculty

As it is the duty of every Student, before entering to his final examination, to deposit a thesis on some Medical subject, I therefore consider it unnecessary to make any apology, and shall proceed at once to my theme. Rubeola. This is a contagious and infectious disease, characterized by a febrile excitement, succeeded by a specific eruption and running a regular course. We have no proof that this Malady was known to the ancients. The first account we have of it, are by the Arabian — writers, Rhazes described it in the ninth century under a distinct name, but was long after confounded with

its kindred disease Variola.
It is ushered in by the usual
febrile symtoms, such as lassitude,
aching in the limbs, chillings,
succeeded by intense heat, dryness
of skin, great thirst and entire
loss of appetite, tongue coated,
uneasiness in head, But along with
these symtoms and not unfrequently
antecedent to them, we have the
usual phenomena of an ordinary
catarrh. The mucus membrane of
the eyes, nostrils and fauces are
more or less affected, the eyes and
lids become red, watery and tumid,
followed by a profuse discharge of
tears, a serous discharge from the
nostrils and slight soreness of throat,
voice becomes harsh, a dry and hard
cough, Stomach sometimes irritable,
And in children convulsions are
not unfrequent.

These symtoms generally increase in severity for two or three days, than sometimes desist, to return with undiminish or increased violence upon the coming out of the eruption; which generally begins to appear on the fourth day, though sometimes before this period, and sometimes not until after a week or ten days from the initial fever.

It appears at first in minute red spots, slightly elevated, disappearing upon pressure, but as they multiply coalesce into spots having more or less a excentric shape, leaving the intermediate portion little, if at all affected. These manifest themselves first upon the face and neck than upon the trunk, and finally it travels down to the lower

extremities; and there is genrally an interval of two days, between the eruption on the face and neck, before its completion in the extremities. It then fades in the same order, remaining out upon the face at least three days, before it begins to decline, so that its duration is from six to seven days.

We have no mitigation of the symtoms, at the coming out of the eruption; and very often they are very much exasperated. At its hight the pulse is genesally quick, frequent and full, skin very dry, thirst intense, a red and swollen appearance of the face. The eyes humid and congested, lids red and swollen, nostils dry. Some dificulty in breathing through the nose.

A hoarse and dry cough.
As the eruption begins to fade an evident change in all the symptoms usually takes place, and in most instances the fever disappears entirely by the time the rash has desquamated.
Occasionally, indeed, the fever and pectoral symptoms, instead of amending, continue and even become worse, after the complete disappearance of the eruption.
And auscultation reveals all the signs of an extensive bronchitis or a circumscribed pneumonia. And often instead of these an obstinate diarrhoea sets in.
Measles offer numerous varieties or modification, of which, Rubeola sine catarrhe, and Rubeola Maligna are the principal ones

that merits our attention.
Rubeola sine Catarrho. This is characterized by a regular morbillous eruption, without fever or any of the catarrhal symptoms, and differing from the other varieties that it dost not protect the patient from a second attack.
Rubeola Malignant. This form presents all the ordinary symptoms of a typhus state of system. The skin is hot, acrid and burning. The eruption is slow and irregular in its appearance, of a livid or blackish colour, accompanied with petechiæ, and occupying those parts of the skin where the rash is absent. At this stage passive haemorrhages, diarrhœa and profuse sweats are apt to occur, the vital energies are greatly depressed, the

pulse generally frequent and weak, though sometimes nearly natural.

Measles like its kindred disease are liable to numerous complications. And among them, the principal ones are pneumonia, bronchitis, ophthalmia, enteritis and pseudo-membranous inflamation of the larynx, the last is almost always fatal; though happily it is rare. And it also has been said that measles has a tendency to favour the development of tubercles, and scrofulous swellings in those that are predisposed to it.

Anatomical Characters: There are no lesions after death to indicate the presence of measles. When we have death from it, it is generally depending upon

inflamation of some organ, the signs of which, will be found after death; for instance we have congestion, hepatization in pneumonia, adhesion and effusion in pleurisy; and not unfrequent inflamation and sometimes ulceration of the gastro intestinal canal.

When death has resulted from the uncomplicated case, nothing is found but congestion of the internal organs, and more especially the mucus membranes, The blood is fluid and blackish. And it is stated by Andral, "that the fibrin of it seldom exceed the average of health and generally below that standard, while the red corpuscles were above their natural standard", proving by this, that it is non inflamatory in its character.

Causes, The only cause that is known, is that the disease is produced by a specific poison - eliminating from bodies laboring under the disease, and capable of being propagated through the air, and that certain seasons of the year favors its productions. For most if not all of the epidemics occur in cold weather, It spares neither young nor old, attack the foetus in utero, while at the same time prostrates the old man of eighty. Though as a general rule it is more confined to childhood; for the reasons that children are more susceptible to it, or that most persons have had it in early life.

The period of incubation or the period that intervenes between the exposure to the cause and

the attack is from two to ~~two~~
twenty days.

Diagnosis. In the early stage, before the appearance of the eruption, measles may be readily mistaken for many other febrile diseases, and particular catarrhal fever, though it has been said, that it may be distinguished from it, by the peculiar dry, loud and hoarse cough. The only diseases that are apt to be confounded with measles after the appearance of the eruption are Scarlatina, Variola and Roseola. It may be distinguished from the first of these Maladies by the colour, shape, and coming out of the eruption from the initial attack, and the absence of the catarrhal symptoms. The eruption of measles is of a livid red colour, appearing

in minute spots at first, and then coalescing into irregular semi-lunar patches, while that of Scarlatina is of a bright red appearance and of more uniformity in its character, and also it makes its appearance on the fourth day in the former, while in the latter on the second.

On the first appearance of the rash, it may be mistaken for the incipient pimples of small pox, but as the disease progresses it may be distinguished from it by the eruption containing fluid and also the subsidence of the fever, and in the course of twenty four hours, all doubt may be cleared up, for if it is varioloid the eruption will become

vesicular and umbilicated, which
are conclusive evidences of the
presence of small pox.
The next disease that it is —
liable to be confounded with,
is rosiola, and may be distin-
guished from that, by the presence
of the catarrhal symptoms. The
eruption of rosiola is of a brighter
hue, more uniform than that
of measles, and seldom have
the exsentic character.
Though when we have the catarrhal
symtoms supervening upon an
attack of rosiola, it can scarcely
ever be distinctly diagnosed.
The next subject that demands
our consideration is the prognosis.
This depends chiefly upon the
mildness or severity of the
thoracic symptoms, In the
mild form it is never dangerous.

The most unfavourable signs are the severity and continuance of the primary fever, with retardation of the eruption, of its sudden disappearance, with evidences of great prostration, severe dyspnoea with all the other characteristics of pulmonary inflamation, restlessness, coma and delirium, with a weak pulse, livid colour of the skin, coliquative heamorrhage, petichiæ--

Our prognosis depends somewhat upon the age and constitution of the patient, for it is more unfavourable in the old than the young, and also in those of a scrofulous diathesis.

The weather also, seems to have some influence upon it, as it is generally more fatal in cold than warm weather, Women

in the latter stages of pregnancy, and in the puerperal state, are exposed to great risk from an attack of this disease, and in general, nervous and delicate persons are more apt to sink under it than those of a vigorous constitution.

The next subject for consideration is the treatment. In the mildest form of this disease there is very little to be done, the only thing in fact that is necessary, is to keep the patient on low diet, attend to the state of the bowels and prevent exposure to cold and wet. The surface should be carefully protected from cold draughts, as this disease does not bear exposure of the surface to cold as its kindred diseases, on account of it having a great tendency to bronchial

and pulmonary inflamation.
The room should be kept moderately warm and the patient comfortably supplied with covering, and care should be taken, especially in young children that they do not throw the covering off.
When the case is such as demands treatment, the remedies are Salin laxatives, demulcent drinks, such as solution of Gumm acacia, infusion of slippery elm & to which vin antimonialis may be added.
If signs of bronchitis or pneumonia presents, they should be treated in the same manner as in ordinary attacks, by Tartar emetic, blood letting &, and blood may be taken both local and

general, but no more should be taken than is absolutely necessary to guard against danger, as excessive bleeding sometimes interferes with the occurrence of the eruption, or favours its retrocession. If croup threatens, emetics may be given, such as Ipecacuanha, Tartar emetic &c. followed by a purgative dose of Calomel, warm fomentations, warm baths are sometimes very useful,

The same plan of treatment should be pursued after the appearance of the eruption as before until it begins to decline. If the cough is troublesome, opiates may be used in this stage, though not advisable in the first; and may be given in connexion with expectorants, should a fresh

attack of bronchitis or pneumonia non supervini, should be treated in the same manner as recommended above, and if not subdued, an alterative course of Mercury should be pursued,

Retrocession or retardation of the eruption occasionally demands attention. It should always be left to nature, unless unpleasant symtoms presents, such as internal irritation or inflamation, or great depression, then prompt interference is necessary. Our first object is to favour it to the surface, and the most efficient means for that is the hot vapour bath, if that can not be had, a hot and stimulating pediluvium may be substituted.

If it has proceeded after exposure to cold, warm drinks should be administered freely, such as balm and chamomile tea, also a Dovers powder may be given if there is no tendency to stupor or much bronchial inflamation. If it has proceeded from debility, stimulants should be given, such as wine whey, brandy and water, carbonate ammonia, with sinapisms, stimulating friction and warm bricks externally.

In children, in case of convulsions in the early stage, very little is required, and all that is necessary, a hot pediluvium or warm bath with sinapisms to limbs, and they will very often subside without injury, but in case when they are

persistent, and frequently repeated, followed by stupor, it may be necessary to take blood, general or local or both, cold should be applied to the head and also a mercurial purge should be given.

Our attention should be directed if the patient be a child to the state of the gums, as this very frequently gives rise to convulsion, It also may be caused from nervous irritation, instead of cerebral congestion, in the advanced stage of the disease, and in such cases stimulants would be indicated, and the best of them, are camphor, assafoetida and musk.

If diarrhoea occurs in the latter stages and if moderate, demands no treatment, and instead of being injurious, is very

often beneficial, but if profuse,
should be at once checked by the
the ordinary means,
The malignat cases should be treated
in the same as other typhus
diseases (see Typhus fever)
The diet throughout the disease
should be very mild, and un
irritating, and in case of great
prostration, should be more
nourishing.
During the period of convales-
cence, and for sometime after-
wards great care should be
taken to guard the patient
from cold; and he should
never be allowed to leave the
house until several days after
desquamation is completed and
the catarrhal symptoms have
disappeared or very much abated.

Finis

A.

Clinical Report of six cases

Submitted

to the Examination of the

Provost

Regents and Faculty of Physic

of the

University of Maryland

for the Degree

of

Doctor of Medecine

by

J. Henry. Wiendahl

of

Louisiana

March 1854.

~ Case of Pneumonia ~

Robert Burke, native of Ireland – 26 years of age – Labourer, has been five years in this country; states that he is addicted to drinking, and has but seldom been sick.

April 16th 10. A. M. – admitted in to the Hospital, complaining of pain in the chest, accompanied with slight dyspnoea and cough.

By percussion, slight dulness over the right Lung. –

By auscultation, – Posteriorly, at the apex of the right Lung, the sub-crepitant, sibilous and sonorous rales are perceptible: also, at the inferior angle of the scapula, over the same Lung and side, we hear the fine crepitant rale, over a space nearly as large as that of a dollar. –

By Percussion, over the left side of the chest anteriorly and posteriorly, the sounds are slightly resonant and clear —

By Auscultation, over the last mentioned side, we have a diffused supplementary murmur throughout that Lung.

Appearance, Face flushed — Pulse 96, and full, — Respiration 36 —

Expectoration, Sputum rusty coloured and pathognomonick of the first and acute stage of Pneumonia.

Prescribed the following —

℞ Ant & Potaspae Tart gr j
Potaspae Nit ʒij
Dodae & Potaspae Tart ʒj
M. S. Acaciae & ʒvj. Aq.
& Signa, Cochl. ampl — ev. 2. hrs —

Took 12 ounces of blood from the arm —

8. P. M. Sounds still continue the same —

Pulse 120 — —

April 17th 10. A. M. Pulse 96. — Sounds are as yesterday —

9. P. M. Pulse 96. Sounds as before - Medicine to be still continued -

April 18th 10. A. M. Pulse 96. Right side - Posteriorly, dulness at the inferior lobe - Crepitans redux, over a limited space at the inferior angle of the Scapula - Crepitant rale, over the upper part of the Scapula; also blowing respiration -

9. P. M. Rests easy, and feels sleepy - Pulse 96 -

April 19th 11. a m. Pulse 84, a little quick and soft - Skin of natural temperature - Respiration, 24, and easy - Tongue, slightly furred and white - Expression of countenance and eyes natural -

Auscultatory signs improving - absence of blowing respiration at the apex of the lung, where we had it well marked yesterday - also a fine crepitant rale, mingled with more or less of coarse Sub-crepitant and Sonorous rales, is heard from the apex, nearly to the base, of the Lung -

Occasionally also a few craklings heard in expiration over the upper two thirds of the Lung, clearer and superficial, more or less obscure further down, supposed to be crepitans-redux --

April 20th. Pulse 72, soft and natural, Respiration 24, soft and natural - Tongue less furred - Crepitant rale, at the base of the right Lung, where for two days previous, we had absence of vesicular murmur -

Stopped medecine - Substituted the following -

R/ Tinc - Ferri Chloridi gtt xv
Aquae ℥ß - m -
& Signa repeat ev. 2. hrs -

All inflammatory symptoms having disappeared, the above mild & alterive tonic was given to assist the recuperative powers of nature -

April 21st. Sub-crepitant rale at the base of the lung - Crepitant rale as yesterday at the apex of the lung -

Pulse 84 -

April 22d. Pulse 72 – Skin covered with moisture, is doing well, and reads in a sitting posture – respirant rale as yesterday – Abnormal resonance of the voice at the apex of the lung –

April 23d. Is still doing well –

April 24th. Pulse 60 and natural – Still improving – all physical signs disappearing – occasional rudeness of respiration –

April 25th. Pulse 72 natural – We occasionally hear a fine crepitant ronchus at the apex and root of the lung – Is improving – Continue treatment –

April 26th. – Some slight crepitus still, at the apex of the right lung – Is allowed to clothing, & permission to walk in the yard –

April 27th. Pulse natural, still slight crepitation at the apex of the lung –

April 28th. Thoracic sounds normal, – and was discharged from the Hospital –

Puerperal Convulsions — relieved by the use of Chloroform ———

Bridget McGlaughlin - Aetas 25 - Native of Ireland - Pregnant with her second child, and within a week of term, according to her own calculation —

Entered the Lying-in Ward of the Baltimore and County Alms-House, on the morning of the 25th of September, complaining of sickness of stomach and vomiting

At 1. o'clock P.M. she was taken with a convulsion, which was shortly followed by a second —

Dr. Donaldson, being here, bled her to the extent of 35 to 40 oz - and ordered the following enema — Ol Ricini ℥iij
Aqu. Feventis Ops. ~~m~~ —
& S. inject at once —

and also several cups to be applied to the nape of the neck —

An examination per-vaginam

disclosed the Os Tincae, not dilated, but in a soft and dilatable state. At 2. o'clock P. M. she was again taken with a third convulsion — The cups having been omitted, they were immediately attended to — but they did not however, seem to be of much good; for the paroxysms returned in all their violence at 3, at 4, and at 5. o'clock.

At the expiration of the last attack, the application of Chloroform was resorted to, with much benefit; and she was kept under its partial influence for nearly two hours —

7. o'c. P. M. The Chloroform was removed for a few minutes, till consciousness was restored; but was followed by an attack, which was succeeded

in five minutes by a partial one, affecting the right-arm alone.

The application of the anaesthetic agent being now steadily ~~[illegible]~~ kept on, she had an other attack affecting the right arm alone, at 10 minutes past 8. P.M.

At 9. P.M. she had not had, as yet, a return of the convulsions – Prescribed the following lotion to be applied to the head – the head being first shaved – R/

Lign – am – Arom – ℥ß
aquae Camph ℥iiß
Aquae ℥ii
M & S – use as directed

Examination, per vaginam discloses, the condition of the Os Uteri unchanged –

11. P.M. Has had no renewing of the attacks, Her appearance, is like to that of a person in profound sleep – She has all this while been kept under the partial influence of the Chloroform – but not to such an extent as to prevent her from being somewhat restless,

on the application of the evaporating lotion;
Her pulse is not as full and hard as when
normal, yet quite sufficiently so —
At 20 minutes past 12. P. M. As the patient
as now been 5 hours without an attack,
and also as she has been 3 hours, under
the anaesthetic influence of the Chloroform,
Its use was suspended — and its effects
well noted —
Sept 29th 4. o. c. A M. The patient has
enjoyed quiet rest since the removal of the
Chloroform, and did not have to reapply
the agent, since she did not present
any manifest symptom of the returning
paroxyms — Examination per vaginam
discloses nothing new — She was now
left to the care of the nurse, still with
the order to continue the lotion —
9. A M. The patient has now gradually
recovered from the ~~the~~ effects of the attacks, but

is still very weak from the loss of blood, and has considerable irritability of the stomach, no doubt increased by the use of the Chloroform. Prescribed — as a R/ Liqr. Morph Sulph. ℥j to be taken ter die, to prevent a return of the nervous symptoms ——

This girl, was delivered some twelve or fourteen days after this of a well formed infant which had apparently been dead some two or three days previous —

Typhoid Fever —

Catherine Clargie — aetas. 30 — native of Ireland — Suffered from cough six months ago, and about that time her catamenia were suppressed. Went out to work as a servant-maid, about two months, since which time she has been more or less indisposed, but was not compelled to take to her bed until Tuesday week — Says she has no hereditary predisposition to Phthisis. Complains of violent burning sensation in her stomach; Expression of eyes clear & bright — Feels giddy when she attempts to rise, Intelligence unimpaired — Tongue slightly furred — Abdomen somewhat fuller than natural. Says that her bowels have been more or less loose since her confinement — Supposes is attributable to a cathartic which she took shortly after her delivery, which took place about three weeks ago — Tenderness on pressure in right iliac region — Marked gurgling in

right and left iliac regions — Pulse 120, quick but not increased in volume, and perfectly compressible, — Sounds of the heart natural with their ordinary force & frequency — Respiration 18 — Percussion in front and behind, clear — Respiration natural, with the exception of an occasional sibilant rale — Cutaneous surface hot and dry — Over her abdomen are a number of red spots, some of which are more or less raised and others disappear under pressure, probably the rose spots, characteristick of this disease — The following prescription was ordered, — R/ Magnesiae Carb grs x viij
Carbo Ligni " x iv ~~M~~
& fr Chart. vj — & S — one 2ce daily

Finding her much prostrated in the afternoon from much fatigue, induced by the ride from the city to the Alms-House, ordered a teaspoonful of wine ev. 2. hrs —

8. P. M. Pulse 116, stronger and fuller than when

last seen ordered the wine to be omitted -
May 5th Pulse 96 - Skin less dry and heated -
Rose spots fading -
May 6th Pulse 120 - Condition, nearly the same as yesterday - One small evacuation of nearly the natural colour & consistence, 1½ P.M. Pulse 112, - tongue more moist & a little cleaner than in the morning. - Bowels moved, unattended with straining and pain - Pain, in right iliac region more acute, & gurgling more distinct. -
R/ Liqu - Morph Sulph - ℥j, to be taken at bed time -
May 7th Pulse 96 - Skin less dry & heated - all symptoms better than yesterday -

R/ Quiniae Sulph gr viij
aquae - ℥j
M & S - ℥j ev. 3. hrs -

8½ - P.M. Pulse 100, Skin has assumed nearly its natural temperature - As her calls to stool are now frequent and

attended with some griping - ordered the following - R/ - Tinc Opii Camph Zj -
May 8th. Perfectly free from fever; - Skin natural - Tongue nearly clean.
May 9th. Condition still favourable, - no change of treatment - 8. P.M. - Pulse slightly accelerated; evidently from nervous excitement - Skin moist and pleasant - ordered Liquor Morphiae Sulph - Zj - To be taken provided she did not sleep well -
May 10th. Still improving - Pulse 96 -
May 11th. Slept well - desires more food - evident cessation of disease - ordered wine to be taken during the day -
May 12th. Marked improvement, since yesterday, discontinued medecines -
May 13th. Nothing worth noticing as occured since yesterday -
May 14th. Doing well - ordered fifteen drops of the Muriate of Iron to be taken before each

meal, and also as her bowels have not been moved for a day — ordered a Seidlitz powder —

May 15th. The Seidlitz powder having acted too freely, we gave her of the Camphorated tincture of opium a teaspoonful —

May 16th. Appetite, still improving — obtained permission to walk a little, as she felt confident of possessing sufficient strength!

May 17th. convalesces rapidly —

May 18th. — Still doing well, and expects to be soon able of taking leave of the Hospital —

May 19th. Complains of pain in right hypochondria region, whenever she takes a deep inspiration — Auscultation however, discovered nothing abnormal — Ordered her equal quantities of the

tinctures of Valerian and Hyoscyamus to be taken at once —

May 19th. She is quite well —

May 28th. She was discharged to day from the Institution ——

——— — ———

— Typhus Fever —

Ellen Rowney — Aetat 30 — Has had several children, Irish woman, entered the House Dec 14th 5. P.M. in so prostrated a condition, and with so much of sensorial disturbance that we are scarce able of learning anything of her history — She states however, that she has been four weeks in this country, and that she was taken ill at or about the time of her arrival, and that her disease has been gradually progressing from that time: of its particulars during that period we can obtain no information. Dec 15th 10 A.M. We now find her, in great general prostration, unable to retain any other position than the horizontal and dorsal — with great

sensorial disturbance, accompanied with deafness and buzzing in her ears, - suffusion in the eyes & muttering delirium — Sordes upon her teeth, with a dry parched tongue, with some slight fissures — Her pulse, 130, small and flickering — Respiration 45, with the evidences of great respiratory oppression; her surface covered with an eruption of a purplish or livid aspect embracing both the trunk and extremities — Upon percussion of the thorax, resonance is nearly normal ——

By auscultation, posteriorly, the moist rales every where abound of a mixed and blended character — Anteriorly, respiration is rude and supplemental — We find nothing of an abnormal nature about the heart, either upon percussion or auscultation ——

Her bowels not disturbed, - The abdomen is soft and relaxed & slightly tympanitic upon percussion — There is neither gurgling nor tenderness in the iliac regions —

Treatment, ordered strong Coffee as a drink — also five grains of the Sulphate of Quinine every two hours — and also the following

℞ Ammoniae Carb ʒß
Syr: Senegae ℥j
Aquae — ℥iij ~~M~~
et Signa — Cochl — ampl — ev. 3. hrs —

Dec 16th. To day we find her in a still more prostrated condition, the more dusky hue of the complexion — Muttering delirium — Suffused eyes — Increase of sordes around the teeth and lips, with greater hebetude and unconsciousness — Impairment of the respiratory functions greater, as shown by the frequency of respiration and dyspnoea — by the increase of the moist rales in all parts of the thorax, with the appearance of slight dulness in the posterior regions — Still no disturbance of the bowels — Her decubitus and dispotion to slide down in the bed, as before! —

Pulse 130, and thready, — Respiration 60 and laborious — Treatment continued — Diet beaf-tea —

Dec 17th. We find her with a general lividity of the

surface, by reason, of the failure of capillary circulation — Her respiration and oppression, still greater — The sensorial disturbance has advanced into a stage of almost unconsciousness — Ordered — R/ vini ℥ij — tablespoonful now and then —

Dec 18th 12. A.M. She has died; but, we are not allowed to make an autopsy because her friends have claimed and will, take her away ——————

——————— ——

Endo Pericarditis —

Mary Spingler — German woman, Aged 22 years; has been six months in this country; entered the hospital March 1st /53; was sick two weeks prior to her admittance; does not recollect of having ever been sick before this attack.

When first entered she fell to the care of one of my friends, who informs me, that she then had an attack of Pneumonia affecting ~~both~~

the lower lobes of both lungs - and that she was treated for Pneumonia of the Second Stage - under which she gradually recovered; when she was transferred to the Syphilitic Ward of this Institution, on account of Gonorrhea" -

May 9th. On taking charge, this patient was found in the following condition - Face flushed, pulse 120, quick and irritable. On percussion, dulness was discovered over the cardiac region for a space of five inches vertically by three transversely - Impulse of heart very slight at the apex on palpation - Auscultation - Obscure endo-cardial sound; distinct pericardiac friction sound preceeding and following the impulse between the third and fourth ribs on the left of the sternum - Diagnosis, endo-pericarditis with effusion in the lower half of the pericardium -

Was ordered - R/ Sodae Bicarb ℥ij
Acid Hydrocyan - gtt xv
M. G. Acaciae ℥viij
Ft & S. ℥ß ev. 3 hrs -

to quiet the actions of the heart -

A blister was also prescribed, to be applied over the lower portion and to the left of it.

No particular note has been taken of the case since the above date. The pericardiac friction sound has gradually decreased, leaving a clear soft bellows murmur at the base of the heart, succeeding the first and masking the second sound; supposed to be regurgitant. On the 12th applied leeches over the heart, and ordered, R/ Hydrarg. Proto-iodid. gr xjj
Ext Hyoscyami gr xjj
Ext Conii gr xjj
Opii Pulv gr j.
Th ft pill xjj S. one ev. 3. hrs.

To be preceeded by a dose of oil. She was much relieved by the leeching and continued the mercury until the 17th or 18th when her mouth being touched it was suspended. May 20th When examined yesterday the bellows murmur was more distinct at the base of the heart, and soft double friction sound heard the fifth rib near the sternum.

To day she lies on her back; respiration 36-pulse 102, somewhat irritable, but compressible - has a strong mercurial odor from her mouth. Impulse of heart so augmented as to raise the chest quite perceptibly at the apex, and to communicate the friction to the hand on palpation. Dulness on percussion for about three inches. It is supposed that the effusion is becoming absorbed. Ordered another blister -

May 21st. Pulse 96, small and occasionally intermittent; - Respiration 48 - Blister has drawn well - Sounds as yesterday. Continue treatment -

May 23d. Is more calm -

May 25th. Says she feels better, but complains of cramps in her left arm - Signs unchanged -

May 26th. Pulse 106 - full and a little irregular. Has some rheumatic affection of the joints of the left arm & hand, - action of

the heart laboured and tumultuous; bellows murmur more manifest, and friction more indistinct; Etent of dulness on percussion not increased.

May 30th. Ordered yesterday Iodide of Potash to be taken thrice daily, but as she complains still more of the rheumatic pains, it withdrawn and the Wine of Colchicum gtt x x ter die was instituted in its stead — Pulse 96 & rather better —

June 4th. Stopped Colchicum, on account of some disturbance of the bowels, and ordered Quiniae Sulph. grs iij ev. 3. hrs. and a saturated solution of the Nit. Potash to the affected joints —

June 7th. Is much better to day; suffers less from dyspnoea, and has no pain, signs by auscultation are unchanged — Is sitting up and wishes to walk out —

June 8th. Complained last night of

constipation for which she was ordered a Seidlitz powder - This morning complained of pain in the cardiac region to which a mustard poultice was applied with good effect.
July 1st since the last date she has been improving in general health - The friction sounds have cleared up completely, leaving the aortic regurgitant murmur clear and distinct - She now walks about and suffers little except on making sudden or violent exertion when palpitation comes on which is often distressing -
She was allowed to pay a visit to the city on the 10th instant, since when we have not seen or heard of her -

- Mania a Potu -

April 26th Jeremiah Daly - Aged 31 - Labourer. Irishman - Black haired - Mark completed - Pupils very much contracted - Conjested conjunctivae -

and a pus-like fluid flows from them – Talks at random, but answers correctly when spoken to:– When left alone walks much, & is always speaking to some imaginary object or person– He is in continual alarm & has an anxious countenance – Thinks now and then that some one is hidden under his bed for the purpose of either killing, or robbing him of his money – He is even at this moment twisting an imaginary thread around his finger– At intervals he cries for help, and endeavours to fly, or rather make his escape from some fiend or other &c –

Tongue slightly tremulous & clean – Sounds of the chest, clear, good & normal – Pulse 96 and sup– Arm when extended is tremulous – has an occasional ironic smile – Abdomen distended– Respiration of normal frequency – Pulsation of heart–

quick and frequent; sounds natural —
He insists that a man, is under his bed
who has stolen his money —
Was prescribed — R/ Black draught ℥j
to be taken at once — also the
following — R/ Tinc Opii gttae XV
Whiskey ℥ß th
& Signa to be repeated
ev. 2. hrs — ordered him to be gloved
if he became violent — Was quieted
by the second dose, and from thence
gradually improved under a sedative
and stimulating treatment — and
a full anodyne each night, which
produced always gentle sleep & rest —
and an amelioration of his symptoms
by the morning ensuing — —
May 1st was discharged quite well and
restored to health — —

— ⊘ —

An

Inaugural Dissertation,

on

Dysentery.

Submitted to the Examination

of the

Provost, Regents, and Faculty of Physic

of the

University of Maryland,

for the

Degree of Doctor of Medicine,

by

Henry C. Kinney,

of

Maryland.

Acute Dysentary.

Dysentary is inflamation of the mucous membrane of the large intestines attended with mucous or bloody evacuations griping pains in the abdomen straining at stool and tenesmus. Dysentary may be acute or chronic

acute Dysentary. The most usual mode of its attack is with the usual premonitory symptoms of fever, but it is often unaccompanied by any such symptoms at its beginning, and in some cases fever is entirely absent throughout the disease. There is very great diversity in its mode of attack and course. Sometimes it is ushered in with fever at the beginning or during its course, or occurring during the prevalence of an

epidemic, it is not unfrequently complicated with the disease prevalent.

In the commencement of the disease there is torming and severe gripeing pains in the abdomen, which are partialy relieved by the discharges from the bowels. The first discharges are usualy feculent, followed in a very little while by tenesmus, and frequent inclinations to go to stool with painfull straining and inability to evacuate any thing except blood or mucous. The number of evacuations varies greatly, seldom less than twelve, and in some cases amounting to one hundred and fifty or more in the course of twenty four howers. The discharges are attended by a very peculiar odour. There is usualy tenderness along the course of the colon, indicating the extent of the inflamation. The blader and vagina

sympathise with the rectum, causing dificult micturition.

The biliary secretions are most always diminished. The pulse is usualy quick full and resisting, the tongue moist and covered with a white fur, the skin dry and hot, the urine scanty and high coloured. In a great majority of cases, the disease takes a favorable about the eighth or ninth day and recovers. Sometimes there is great prostration of the powers of life at the commencement, reaction soon takeing place. Often however this nervous depresion continues. The pulse being frequent small and feble, with a livid or purplish color beneath the eyes, about the lips and at the root of the nails; with a pale [illegible] and [illegible] [illegible] [illegible] [illegible]. The local symptoms are more violent, with

increased tormina and tenesmus
the abdomen is greatly enlarged
with increased tenderness upon pressure
such cases occur most usually during
epidemics, usually terminating fatally
in a few days - In ordinary caseses
if the disease is protracted beyond
the eighth or tenth day the symptoms
become more agravated, the powers
of life gradualy give way, and
present an adynamic form.

2 - Bilious Dysentary In this variety
the bilious secretions are diminished
it occurs in bilious climates, and
adds greatly to the danger of
the disease, There is oppression in
the epigastric region, the tongue
conjunctiva -, skin, and urine is
of a yellow color, with a greater
tendency to delirium, and a more
intense degree of fever -

3 Adynamic Dysentary - occurs in

persons exposed to causes, which tend to prostrate the vital forces, where patients are crowded together in garrisons, and in cities. In addition to this ordinary symptomology of disease, we have those of typhoid fever sometimes there is a continuation of the bilious symptoms, presenting themselves in connexion with the typhoid, adding greatly to its malignancy.

Typhous. Dysentery during an epidemic of typhous fever, frequently assume a typhous form.

Intermitent and Remitent typhus not unfrequently in miasmatic districts, is marked by decided remissions and intermissions. It is very essential to recognize this form of the disease, because of its requiring a very different treatment

Prognosis - When about to terminate favourable, there is a gradual diminution of all the symptoms; the pains become less frequent and severe, tenesmus diminishes the stools are more copious and less frequent - When on the other hand tympanites occurs, with a cold clamy state of the skin, coldness of the extremities a livid hue about the nails an irregular frequent and feble pulse, stupor subsultus tendinum, delirium, and involuntary discharges from the bowels, there is very little chance of recovery - If the disease has continued beyond fifteenth day, recovery is very doubtful - Recovery may take place after the appearance of the most unfavourable symptoms By pressure along the course of the large intestines we are

able pretty accurately to ascertain the extent of the inflammation if there be tenderness along the whole course of the large intestines, there is very little chance of recovery

Causes. A continued influence of heat, relaxing the surface of the body, rendering it more susceptible to the influence of cold, increasing the excitability of the mucous membrane of the bowels, and disordering the functions of the liver; so that any anything irritating to the mucous membranes, will act as an exciting cause. Cold and damping is a very frequent exciting cause after having been over heated through the day. Indigestible food; alcoholic drinks; fungus &c. are very frequent exciting causes. Dysentery occurs

most frequently in miasmatic districts - It has been thought by some to be contagious, this erroneous opinion originated from the fact that persons are attacked successively during an epidemic in the same neighbourhood.

Anitomical Lesions. There is redness and thickning, and often ulceration of the mucous membrane of the colon and rectum. The ulcers are small and round; or large and irregular from the running together of the smaller, often having the appearance of a slough. The liver is frequently diseased. Gangrene sometimes occurs, more frequently in malignant than in the ordinary form of dysentary. The peritoneal coat has been found [illegible] but this is [illegible].

Treatment - There are a great

many modes of treating dysentery occuring in so great a variety of forms that no one specific treatment can be applicable. In very mild cases a dose of castor oil, combined with twenty drops of laudanum, to a dose of calomel, followed in a few howers by a mild cathartic. Emetics are somtimes indicated when the stomach is loaded. If the symtoms increase with a strong pulse, and pain in the abdomen, or when these symptoms are present at the commencement of the disease, blood should be taken from the arm. The quantity of blood extracted should be regulated according to the intensity of the disease, more than one bleeding is seldom necessary. In violent inflammatory cases copious [illegible]

letting is sometimes necessary if the strength of the pulse is not diminished, and the local symptoms continue unabated, blood may again be taken moderately. Where considerable pain and tension exist, and the general excitement will not justify the use of the lancet, cups or leeches should be employed, followed by warm fomentations or emollient cataplasms applied over the abdomen. These applications should be continued as long as tenderness exists. A combination of calomel, opium and jalap may be given every night at bed time, and followed in the morning by a gentle cathartic. These remedies should be preserved in until

the sixth or seventh day
if then the disease does not
seem disposed to yield,
a slight salivation should
be produced, and a large
blister should be applied over
the abdomen. The mercurial
impression may be effected most
conveniently by small doses
of calomel ipecacuanha and
opium, repeated any three or
four hours; about five grains
of calomel, five grains of
ipecacuanha, and two grains
of opium may be given
in twenty four hours. If
this fails in procuring an
impression on the system,
mercurial ointment may
be applied to the blistered
surface, and rubbed upon
the inner sides of the

thighs. Should these remedies fail we may use some of the alterative remedies such as Ipecacuanha in large doses; acetate of lead; sulphate of copper, etc. Ipecacuanha in doses of from half a drachm to two drachms, will not produce nausea or vomiting; if the patient be kept quiet and in the recumbent posture, and is supposed by some to possess a peculiar specific influence over the disease. Acetate of lead has been employed in all stages of the disease. I have seen it used with great success for two years in a large country practice, given in combination with opium and ipecacuanha in the dose of from two to three

grains of acetate of lead one third to one half of a grain of opium and ipecacuhana.

Sulfate of copper, and sulphate of zinc are only applicable to the advanced stages, when ulceration is suppose to exist, given in the dose of about a half of a grain combined with opium.

In billious dysentary, a more energetic employment of mercury is required. Fifteen or twenty grains of calomel may be given daily.

In adynamic or typhoid cases, general blood letting and active purgation are not admissible, but the milder cathartics, such as rhenbarb and calomel may be used with benefit. The mercurial impression should be effected, and

speedily as possible.— It often becomes nesesary to support the strength, by stimulents and nutritive drinks, such as carbonate of amonia, sulphate of [illegible], oil of [illegible] chicken broth &c. caution should be used not to over stimulate the patient. In hemorage which is comon to this form of the disease, acetate of lead may be used with great benefit

The intermitent and remitent forms of the disease should be treated with quinine in addition to the ordinary treatment of the bowel affection.

In all cases of this disease it is exceedingly important to pay strict attention to the diet. In mild cases farenaceous substances, such as rice, crackers, &c. may be allowed; but in

cases attended by fever, the [illegible]
should [illegible] [illegible]
or farinaceous drinks.

An Inaugural Dissertation

on

Error and Galvanism

in

Inertia Uteri.

Submitted to the Consideration

of the

Provost, Regents, and Faculty

of the

University of Maryland.

For the Degree of

Doctor of Medicine

by

Wm Henry Thompson Jr.

1854.

Among all the different branches of Medical Science, none perhaps so merits the attention as that of Obstetrics.

The study of the act of Parturition itself, and of every means which can alleviate, prevent, or shorten the pains and dangers to which women in Childbed are subjected, as well as to preserve the Child upon whose safe entrance into this world so many hopes are centered is the aim of Obstetric Science.

Among the many dangers to which the female is liable in Parturition destructive to the to herself and her offspring, none is more common nor distressing than Inertia of the Uterus, a cessation or excessive

diminution of the contractions necessary to free the mother from suffering and the child from danger or even death.

Can we doubt for a moment that the whole of the Materia Medica has been ransacked again and again to find an agent to meet this demand for a something to aid the uterus in its natural efforts? No! on the contrary great has been the labor & time expended in this cause; but among the many agents which have been tried those only entitled to any special notice as possessing an influence over the uterus which is capable of exciting this Organ to renewed energy when in a state of Inertia are Secale Cornutum, Ergot, or as it is commonly known Spurred Rye, and Galvanism, whose power has been demonstrated by recent

experiments.
We will consider these two agents separately, then compare them with each other.

Ergot is the diseased grain of Rye. It is not confined however to this grain, but is found in other grain, though chiefly in Rye.
This diseased condition of the grain is occasioned by the growth of a peculiar fungus, and is most prevalent in hot and moist seasons, for instance when a hot summer succeeds a wet Spring.
There are many points in the Obstetrical history of Ergot which have been the subject of much dispute.
1st We believe & maintain that Ergot increases the Uterine action in Parturition when present, and restores or rather produces it when absent.
It has been denied by some that

Ergot possesses this property or the
Question must of course be decided by
observation alone.
The majority of cases recorded are un-
recorded seem sufficient to establish
the truth of this proposition beyond
all doubt. Still there are those who
maintain that it exerts no influence
upon the uterus, and state in support
of this opinion that it has frequently
been given without producing any
effect at all, and they also assert that
when any apparent effect has been
produced, it has been a mere coinci
dence.
There are exceptions to all rules, and
the mere fact that Ergot sometimes
fails to produce this peculiar action,
does not we think in the least prove
that it is incapable of doing so.
We believe we can show that there
are some reasons why Ergot should

fail in the hands even of the most skillful.

"Firstly." It has been established beyond doubt that the properties of Ergot differ materially under different circumstances.

It has been ascertained that the active principle of the Ergot resides in the external covering, and should heavy rains occur during the soft and moist condition of this external covering it will be washed away and the hardened and denuded nucleus will be left entirely inert.

"Secondly." The period at which the Ergot is gathered has an influence upon its actions, and it has been ascertained by the closest observation that it is better and more powerful when it has been gathered before the parent crop.

"Thirdly." The time the Ergot had been kept also makes in its quality

and consequently its effect.

Thus it has been established that though its effects upon the Stomach may be produced even where it has been gathered two years yet this is not the case with its effects upon the Uterus to produce which it should not be over one year old.

"Fourthly." Like nearly all other articles of the Materia Medica it is liable to adulteration, and has been found adulterated with Common Salt, and with many other agents.

The above among the many examples which might be adduced are we think sufficient to account for the discrepancies in the statements which have appeared in relation to this peculiar action of Ergot.

Granting then that Ergot does possess this powerful influence over the Uterus another question arises it—

"Does it produce any effect upon the Foetus"?

This is a question of great interest and importance and one about which there has been much discussion.

Some maintain that it produces no effect at all, while others assert that its injurious action is one of the causes of the great increase in the number of Stillborn Children.

That carelessly used it does produce such fearful results it is impossible to deny

The peculiar action of Ergot upon the Uterus, subjects the Foetus to great and continued pressure, and herein exists the great difference between the pressure exerted upon the Foetus in Natural Labor, and that produced by the administration of Ergot. The former being intermittent thus affording the Foetus an opportunity

to recover from the effects of the previous pressure; the latter being continued and not affording this temporary release to the Foetus.

The observation of many great and skillful obstetricians, bears witness to the fact that if the Labor is continued over thirty or forty minutes after the administration of the Ergot the Foetus incapable of bearing this great and continued pressure, is either Stillborn, or in such a condition that it never survives.

This view of the case truly presents a most doleful appearance, that in the midst of our joy at being able to free the Mother from her pangs, the dark reality that her freedom from pain may result in the loss of her offspring can not present other than a most gloomy aspect.

We can not however doubt that if

carefully given, and at the proper time there will not be so great a risk of this danger.

We have seen from the preceding remarks that Ergot is capable of increasing or restoring the contractions of the uterus where they have been present.

Another point upon which there has been much discussion is. "Whether Ergot possesses any power over the uterus anterior to the full term of Gestation"?

There are those who maintain that it acts only when Gestation is at full term and Labor has commenced.

The experiments however which have been instituted chiefly by the British Physicians, though also by many others, go to prove that Labor may be brought on at the seventh, seventh and a half, eight, and also earlier months of Gestation. But the earliest period at which

Labor may be induced has not yet been clearly ascertained.

" We have now seen from the above statements that,

"Firstly." Ergot does increase Uterine Contraction when present.

"Secondly." That it restores or produces it when absent.

"Lastly," That though possessed of these properties which render it so valuable, it is nevertheless when carelessly used capable of producing the most deleterious consequences upon the Foetus.

Valuable therefore as we may deem it to be in cases of retarded Labor, Hemorrhage &c yet we must protest against its careless administration and especially against giving it as a time saving Agent.

The dangers arising from the use of Ergot are to the "Mother."

1st. Rupture of the Uterus;

2d. Prolapsus Uteri;

3d. Rupture of the Perineum;
4th. Hourglass Contractions: to the Child as we have before stated, "Death"
Ergot is administered
1st. To increase the Contractions of the Uterus;
2d. To expel the Ovum in the early months of Gestation where it is impossible for the Child to be born at full time:
3d. In Hemorrhage; 4th. After Labor to expel the Placenta, and stop or prevent hemorrhage; 5th. In Placenta Praevia; and 6th to expel Polypi & Hydatids of the Uterus.

Rules of Administration
1st It should never be given unless the soft parts are dilated or dilatable, and the Vagina well lubricated
2d. It should only be given when the Head or Breech is in the Pelvis.
3d. It should not be given when there is any disproportion between the parts of the

mother & Child:
4th It should not be given where there is any Malposition:
5th It should not be given in first Labor unless the Head is in the Perineum, and the latter upon the Stretch.
The dose of Ergot is from ten to twenty grains every half hour or hour as the case demands. The powdered Ergot is I believe generally preferred given in a little water though where there is great debility the ammoniated liquor may be used or the powder given with brandy.

"The other agent mentioned in connection with Ergot was "Galvanism"—
There have appeared several articles in the Medical Journals lately in relation to the use of Galvanism in Inertia Uteri. In the experiments which have been instituted it has been found to restore the Contractions of the Uterus where they

have ceased, and also to produce them be-
fore the full term of Gestation.

It has been used in exactly the same
cases as Ergot, namely. Induction of
Premature Labor, in Natural Labor at
term, in Hemorrhage occurring before
or after Labor, in retained Placenta, and
in Polypi and Hydatids of the Uterus.

From the known power of Galvanism
to excite Muscular Contractions, we would
have Concluded à priori, that it would
produce contractions of the Uterus, but
few experiments have ever been made
till within the last few years, when the
evil effects produced by the use of Ergot
in the hands of ignorant Midwives,
and even of some of the regular Prac-
titioners, seem to have called forth the
energies of some of the Profession in
search of an agent to take the place
of Ergot in that distressing and dis-
heartening condition which we have

styled Curtis Uteri.

The results of these efforts have not been in vain, and we seem to have within our grasp an agent at once simple in its mode of application, and capable of accomplishing every thing which has been realized from the use of Ergot.

In the experiments which have been made, it has been found, with scarcely an exceptional case, that Galvanism has produced most powerful Contractions of the Uterus.

It was at first supposed that this effect could only be produced by introducing one of the wires of the battery along the Vagina into the Os Uteri, and with the other over the Sacrum, passing a series of shocks through the Organ in this manner. But subsequent experiments have proved that the same effect can be produced just as effectually and much more easily by applying the poles of the

Patting over the abdomen on either side of the Uterine Globe.

The cases of Labor in which it has been used are the same as those calling for the use of Ergot.

Those who first employed it soon found that they were able to produce a more powerful and lasting effect by occasionally breaking the Communication with the battery, instead of keeping up a constant current.

Such being the case, we may now proceed to a review of the advantages and disadvantages of these two agents.

We feel that an impartial account has been given both of the uses and dangers of Ergot. With regard to Galvanism we have simply stated that it is capable of producing Contractions of the Uterus.

The first advantage of Galvanism over Ergot which we would mention is the

simplicity of the former agents, and its not producing the nausea and depression so commonly arising from the administration of Ergot.

"Secondly" We have seen that after the administration of a dose of Ergot, in a short time if the Contractions of the uterus were only diminished, they become greatly increased and if absent are restored.

The peculiarity of the Contractions produced by its use we also dwelt upon, they differing from the natural Contractions in being Continuous instead of intermittent. The danger to the Child from this condition of things was also mentioned. We would add that after the administration of the Ergot we become as it were passive agents, whose duty is simply to stand by and watch the effects of the drug be they good or evil; because it will generally have its own way and we possess no absolute or sure Control over its actions.

Is this the case with Galvanism? Our impression is that it is not - for we may apply and remove the wires as we please or as the case demands.

Suppose then the following case. We have concluded that clear indications are presented for the use of Ergot.

May not our Diagnosis be incorrect? Alas this is too true, a cessation of Labor pains does not by any means always depend upon Inertia Uteri: it may arise from various causes, for instance the appearance of an unexpected Physician, the presence of some unpleasant person in the room; it may also (as has been beautifully expressed) be dependent upon the presence of an obstruction not recognized by ourselves, but at which Nature has taken alarm, and seems gifted with a "Prescience" that the obstacle is beyond her power to overcome; She therefore ceases her exertions. How-

suppose in such a case Ergot were ad-
ministered. what would be the result.
From the fact that it produces Universal
and Continued contractions over which we
possess no Control. the result would be
almost inevitably fatal to the Foetus -
and probably to the Mother also. Suppose
on the contrary we apply the poles of a
Galvanic battery. we would have an op-
portunity of observing the effects produced
by the Uterine Contractions and of removing
the agent at pleasure thus preventing the
deleterious effects produced by Ergot.

"Thirdly" Again, we are aware that
where in Natural Labor the Cord has come
down so low as to be felt during the
Contractions. the pulsation ceases until the
pain passes off and is then restored again
Now as before stated. the difference between
Natural pains and those produced by the
use of Ergot is that the former are Inter-
mittent and the latter Continuous. the

injurious effects of the latter agent would therefore be clearly manifest, and here again Galvanism will possess a decided advantage, because with it the natural contractions can be more perfectly imitated.

"Fourthly" We have before clearly proved that the qualities of Ergot vary, and that it is liable to adulteration. From the nature of Galvanism we are not liable to these inconveniences and disadvantages.

"Fifthly" From anxiety or haste on the part of the Physician, such an amount of Ergot may be given as to produce a state of depression from which the Mother may never rally, though the child be safely born; Such an effect however has not presented itself in the use of Galvanism.

"Sixthly" When there is great exhaustion, with excessive irritability of the Stomach, and still an urgent demand

for Uterine Contractions Ergot would be almost positively contraindicated while Galvanism would fulfil the indications in the happiest manner, not only producing the desired Uterine Contractions, but also acting as a gentle stimulant to the depressed vital forces.

The above instances appear sufficient to establish the superiority of Galvanism over Ergot, especially in "Uterine Inertia", and added to these the fact that the former agent is quite as efficient (if not more so) in the other cases in which Ergot has been used. (Hemorrhage, Induction of Premature Labor, Polypi & Hydatids &c) we would not hesitate long as to which of the two we would employ if the choice were offered to us, and well may the introduction of Galvanism into Obstetric Practice be greeted as an occasion of great rejoicing.

Wm Henry Thompson Jr

An Inaugural Dissertation
on
Chloroform

Submitted to the consideration of the
Provost, Regents, and Faculty
of the
University of Maryland
by
George Hammond
on application for the degree of
Doctor.

Chloroformum (Chloroform

It is our fortune to live in an age of improvement. Within the present century all arts and sciences have advanced with gigantic strides towards perfection; and Medecine, hand in hand with her sister sciences has accomodated her pace to their railroad speed. Perhaps the greatest and most beneficial step in her advancement has been the discovery and anaesthetical application of Chloroform. A few short years ago the surgeon was under the disagreeable necessity of drugging his patient to insensibility with opium, whiskey, ether or some other equally objectionable agent, or the patient was doomed to bear the tortures of the knife, in full possession of his senses, awake to the most excruciating agony.

The Surgeon was necessitated to be surrounded by assistants then necessary to prevent the struggles of the sufferer.

Happy now the young Surgeon, who can work forward to his operations upon a perfectly quiet subject, with room for the use of his arms and instruments, the greater number of his assistants replaced by the small bottle of Chloroform, sure too that he is not to be annoyed by the cries of the patients. Happy too the Obstetrician who can anticipate standing by the child-bed, with that in his possession, which he knows to be almost omnipotent in allaying unnecessary suffering.

These advantages are owing to the discovery of Chloroform. Its various properties and uses I shall endeavor briefly to narrate.

In the year 1831, Dr. Guthrie of the state of New York, writes -

Experimenting with a view to discover a cheap and simple mode of preparing pure Chloric Ether, obtained a limpid liquid of Specific Gravity 1.496, which he imagined to be the substance sought for, and under that name (Chloric Ether) made several communications concerning it. About the same time Liebig and another European Chemist discovered the same article. Guthrie first obtained it "by distilling one gallon from three pounds of Chlorinated Lime and two Gallons of alcohol of Sp. gr. 0.825, and rectifying the product by redistillation."

Of course since then various improvements in its mode of preperation, have been made. That now directed by the U. S. P. is as follows. "Take of Chlorinated lime ten pounds, water three gallons and a half, and alcohol two pints; rub the lime with the water first

and then with the alcohol, in a distillatory vessel having the capacity of about six gallons. Distil with a brisk heat into a refrigerated receiver, and when the temperature approaches 176°, withdraw the fire that the distillation may proceed by the heat derived solely from the reaction of the materials. When the distillation slackens, hasten it by the application of heat, and continue to distil till the liquid ceases to come over with a direct taste; separate the heavier layer of liquid from the lighter by decantation, and having washed it first with water, then with a weak solution of carbonate of soda, agitate it thoroughly with fused chloride of calcium, and distil it off by means of the water bath, stopping the distillation when eleven-twelfths of the liquid have come over.

The liquid thus obtained is Chloroform the Perchloride of formyl, with a formula $C_2 H Cl_3$.

Its sensible properties are as follows. It is a limpid colorless fluid, of specific gravity 1.49. boiling point 140° F. Ethereal odor, sweetish taste, volatile, and when agitated remains tremulous like jelly for some time. Non inflammable. Soluble in alcohol and Ether, and is itself a solvent of great power.

Its power of dissolving Gutta Percha in connection with its volatility & taken advantage of to form a tactile fluid, which upon the Evaporation of the Chloroform leaves a coating of Gutta percha upon whatsoever substance it is placed. It is thus frequently used to protect tender and abraded surfaces.

Before using Chloroform it may

sometimes be necessary to satisfy ourselves that it contains no impurities, more particularly as it is now asserted, and with good reason, that the accidents attending its use have been due to the presence of foreign substances. We know then that it is most likely to contain alcohol ether or certain pyrogenous oils. These latter (the oils) are the deleterious substances, upon which rests the charge of causing the numerous deaths from the use of the agent. If alcohol or ether be present the low specific gravity of the mixture will betray their presence. No other bad effect may attend their being contained in it, than a slight degree of excitement beyond what the Chloroform itself would produce, followed of course by the corresponding degree of prostration. Nausea is more

is more likely to be produced by the mixture than by the pure article. The presence of the oil impurities however renders the chloroform exceedingly nauseating. They are detected by mixing some strong sulphuric acid with the suspected fluid when their presence will be indicated by a yellow or brown color; with the pure chloroform no color would be produced.

The Effect of Chloroform vary with the mode of administration and with the dose. Internally in from 20 to 40 drop doses it is a sedative narcotic, producing drowsiness, and loss of sensorial power without affecting the pulse. In smaller doses it is a mild sedative, allaying nausea and vomiting very promptly. Given by inhalation it produces at first a very slight, transient

and by some thought pleasurable
Excitement, followed the coma, relaxa-
tion of muscles, lowering of the pulse,
stertorous breathing and insensibility
to External influences. By some
it is thought that sensation is not entirely
lost, but that the power of memory is
temporarily destroyed. Thus though the
patient may feel External influences
when he recovers from the effects of
the agent, he does not remember them.
It seems probable, though that sensation
if not entirely suspended is at least
rendered more slight. The influence of
Chloroform lasts for ten or fifteen
minutes when not renewed, but a very
small portion will serve to keep a
person under its influence for some.
Externally it is a rubefacient, and
when applied to the skin and Evaporation
prevented by covering with oiled silk
it is a powerful vesicant, acting as

an Epispastic.

Wherever a new article is introduced into the pharmacopœia the first impulse of many is to try it in numerous and widely different diseases. Cures are effected generally by nature, occasionally by the remedy; invariably however they are to be attributed to the remedy; and in a short time it comes to be vaunted as a specific almost in many affections over which it exerts no more influence than the aqua pura of the dispensatory.

Chloroform has perhaps not been exempt from the test; for test it is. A healthy reaction in the minds of the Profession must always follow this temporary disorder, and the drug once so vaunted finds its true level, too often unfortunately sinks below its true level and lies hidden for years, till some new Experimenter drags it

from its obscurity, again to be the subject of wonder, again to enjoy an ephemeral triumph, again to sink into oblivion or neglect. Powerful and useful beyond doubt must be that agent which having attained the highest rank in the Materia Medica, that Chloroform has, retains it, loosing nothing, rather gaining day by day, adding constantly to its already wide spread reputation.

Scarce any agent in the whole list of remedies has been more universally and variously applied; none has so well answered the call upon its powers.

Internally it has been used in lead colic, to relax intestinal stricture in spasmodic asthma, neuralgia, periodic fevers, in hysteria, hooping cough, tetanus and hydrophobia.

In small doses it is given to allay

nausea accompanying almost any diseases. In delirium tremens it has been used as a narcotic, and with asserted advantage.

Externally as an anodyne application it enjoys an extensive reputation. Not only do the profession laud it but the οἱ πολλοὶ have taken up the cry. It is thus used in neuralgia, tooth-ache, and in fact in any of those diseases in which other anodyne applications have been heretofore used. Applied to the testis on lint or cotton and covered with oiled silk it has acted most promptly in relieving orchitis. Thus used though the pain is most intense. Few will bear it for many minutes.

The last and most important mode of administering it is by inhalation. From what has already been said of its effects thus given, it may

be inferred that to the Surgeon and the Obstetrician it is invaluable, and as Experience has proved it.

By the Surgeon it is used in all important and painful operations to produce insensibility. In reducing dislocated limbs it is our most efficient aid relaxing the muscular system most perfectly. Opium, venesection, Antimony and all other means of attaining this end have been completely superseded by it.

In obstetrical practice it is now used in nearly all cases of difficult and painful labor, more particularly those attended with rigidity of the soft parts. It seems to relax these without in the slightest degree interfering with the contractions of the uterus.

By inhalation it is also employed by the Physician in those Spasmodic and other affections in which it is

used internally. The dentist too seeks its aid, and bears testimony to its efficacy.

Having said thus much of its effects, uses &c. it remains to say something of its doses and modes of administering those doses.

Internally the dose is from 3 to 40 or even 60 drops. It is given in Emulsion and the old Couplet

When taken

To be well shaken applied to it; as it is heavier than water and insoluble in it, and if not well shaken until about to be swallowed, the patient will be apt to have his mouth unpleasantly smarted by it. By inhalation it is used in drachm doses. A piece of linen or a handkerchief is folded funnel shape, a drachm of Chloroform poured upon it; this is held near

enough the patient's mouth and nostrils to allow of a good portion of the vapor to be inhaled, care being taken not to exclude entirely the atmospheric air, and also not to apply the moistened hand kerchief to the lips, as such application is by no means pleasant. We must remember too always to give it with the finger on the pulse; if not our own finger that of a careful assistant, in whom we have confidence.

Externally the mysterious symbols G. S. can be applied to the dose.

Of the modus operandi of Chloroform I can say less. It has been discovered in the blood, hence it must be absorbed. It probably, independent of and prior to any effects it may produce on the vascular system, affects the sensorium, acting as a powerful sedative narcotic.

The advantages of Chloroform over all other similar agents are indisputable and infinite.

None is so cheap, none so rapid in affecting the person inhaling it, none other produces the same perfect insensibility and relaxation of muscles, without a corresponding reaction. Reaction is seldom more than perceptable, never serious. Hence we have no other article in the Materia Medica of this class, so safe, so rapid and so pleasant both as regards immediate and after consequences. There is however nothing in the whole Pharmacopoeia without its objections; and this is applicable to Chloroform with the rest.

While claiming for it great and almost infinite advantages I mean not to overlook its disadvantages. Some it has — one at least very serious one.

Many have been urged against it. It has been said that in incautious hands it may be pushed too far and occasion fatal coma, but so might any other of the numerous substances formerly used to meet the indications it now fills.

We must presuppose that practical surgeons are familiar with its properties modes of using and dangers attending its employment, either from experience or from a book acquaintance with it. This disadvantage then, (as we shall see with regards its others,) it possesses only in common with all others of its kind. The most serious disadvantage in its use is that secondary hemorrhage is greatly increased and union of parts by first intention proportionally diminished in frequency of occurrence. In civil practice and

Stationary hospitals these disadvantages can be to a great extent overcome, by the application of a greater number of ligatures, by the practicing of torsion on a greater number of vessels, or by the leaving the stump open until reaction takes place and any remaining vessels secured as they commence to bleed.

In military practice and more particularly on the field, where time can not be taken for these precautions this disadvantage is so great as to limit if not to prevent its employment.

In several cases of amputation which have come under my own observation, secondary hemorrhage has been the constant forerunner of the administration of Chloroform, save in one case alone, in which ten ligatures were applied to the stump. This was in an amputation at the place of election on the leg.

The most plausible mode of accounting for this unpleasant occurrence is the following. Anything, that prevents the decarbonization of the blood, renders it thinner and reduces its tendency to coagulate. The more mechanical impediment to this decarbonization offered by the presence of the Chlorform is sufficient to cause a thin state of that fluid, and to render it capable of passing freely through vessels, which in a healthy state have been known to suppose under other circumstances. May not the same influence that relaxes the muscular system also diminish the contractile power of the blood vessels, and thus diminish or altogether prevent the contraction and retraction which is a safeguard against hemorrhage in many cases where arteries are cut across?

Doubtless this same effect would follow the inhalation of Ether in amputations; and the only reason for attention not having been called to it, is that the agent has been so little used that the effects have not been noticed. The nausea which is frequently occasioned by the inhalation of Chloroform both internally and by the lungs, must as I before stated in speaking of its impurities be attributed to the presence of pyrogenous oils in it, since this can not be advanced against the use of the pure article.

There are some diseases which contra-indicate the use of Chloroform. The principal are Epilepsy, fatty degeneration or other diseases of the heart. This fatty degeneration of the heart is generally accompanied by the arcus senilis; or should look

then into the Eye of a patient, particularly
an (aged) one to whom we are about
to give the Chloroform, and should
we observe this symptom of General
fatty degeneration, we should proceed
with great caution or else, perhaps
withhold the agent Entirely. This is
too it by some considered a contra-
indication to its use.

Having Thus briefly given
a Sketch of my knowledge of
this article, Confining only to those
unavoidable, and adhering to
a determination to write from
memory, I Submit the Thesis
to the Provost, Regents and
Faculty

Respectfully
George Hammond

An
Inaugural dissertation
on
Delirium Tremens
Submitted to the examination
of the
Provost, Trustees and
Medical Faculty of the
University of Maryland.
For the Degree
of
Doctor of Medicine
By
John L. H. Wise
of Virginia

To execute whatever the mind dictates, the soul has been embodied in a corporeal frame. How admirably adapted to fulfil this service, we are well aware, how necessary such an investment is, to the fulfilment of this worlds business, needs no illustration. To think would be a worthless privilege, if we could not act: to feel, would be a valueless preeminence, if by deed we could not express our feelings. Plainly would the delicate and complex machinery of the world fulfil its office, and faithfully run round its daily evolutions, if no external hands pointed out the service performed within.

But whilst we require, and therefore possess, this form, let us gratefully acknowledge its perfect construction, and carefully guard from injury every part of the beautiful machine. We cannot therefore, too highly appreciate the dependence of the mind on the body. We are in possession of the fact, that if the body becomes weakened by indolence or sensuality, the mind inevitably incurs imbecility. With these facts staring us in the face we should think the greatest voluptuary would not pay so heavy a penalty for indulgence. With how trifling an injury may those exquisitely delicate organs of sensation

the nerves, be weakened, if not destroyed; yet this risk is perpetually hazarded by the indolent and luxurious. Disease once implanted, its progress too often defies every check human skill can oppose to arrest its course, and save from dissolution the shamefully abused body. The subject of this dissertation is Delirium Tremens. A disease of the cerebral function, dependant upon the suspension of a degree of excitement, necessary for the support of the brain in its ordinary actions. The diagnosis of this disease is, in general quite easy, because the symptoms most frequently display themselves very promptly. The symptoms

we shall first notice, are those produced when the habitual stimulus is first suspended. They are feelings of weakness, with great debility, general anxiety and disquietude of mind. The spirits are usually depressed, trembling of the hands and arms, disturbed sleep and a dread that something unpleasant is about to take place. The pulse is soft, frequent and very weak. Feet and hands cold, the tongue coated and the bowels most frequently constipated. When the disease is more fully formed, the symptoms then become more aggravated. The perceptive

faculties now become disordered. Objects of the most frightful character are seen. The crawling of animals, such as rats, mice &c. and snakes, about his apartment, is a source of much annoyance. He will not unfrequently be found kicking among his bed clothes in search of visible insects. It is almost always the case that the patient has some object of fear, which creates an unusual degree of excitement. Do not unfrequently think that some one is trying to do him some serious injury, or persecute him in some way. In this

condition, if not restrained he will leap from his window, or kill himself with a knife or pistol if one is at hand. The countenance has generally a peculiar expression of vacancy. The patient is most commonly civil to his Physician and Attendant. and without difficulty is easily persuaded to take his medicines. The patient will sometimes go for more than one week, without a moments sleep. Trembling of the limbs is generally, but not always present. This trembling of the limbs may and sometimes does become so general that

it amounts to convulsions. We not unfrequently find the tongue tremulous when protruded. The patient is almost always able to be up, there is however sometimes great debility; with feeble pulse with cold and clammy surface. The tongue is usually coated, the pulse sometimes natural. No desire for food and the bowels oftener than otherwise constipated. In the course of three or four days, we may anticipate sleep, and this may continue for several hours. He is generally refreshed by his nap, and may have a disposition to eat. If however, he has

not been properly treated, the disease may assume another and very different phase. He may become exceedingly prostratic, with complete delirium, great restlessness, the pulse exceedingly feeble and frequent, the countenance haggard, the pupils very much contracted or dilated, the tongue dry and brown, the muscular excitement much more distinctly marked and death will close the scene preceded by muttering, subsultus tendinum, coma and convulsions. The duration of this disease is variable, it may only continue for two or three days or it may last for more

than a week. The most frequent complications are with genuine meningitis, pneumonia, pleurisy and gastritis. It may and is sometimes complicated with serious surgical injuries, such as fractures dislocations and the like. An opportunity is not often offered to examine an uncomplicated case of this disease after death; nothing however of particular interest has been discovered after such an examination to account for the symptoms. An abnormal amount of serum is sometimes found in the cavity of the arachnoid. Congestion and inflamation are also frequent attendants.

Those who are continually in the habit of having their brain excited by alcoholic stimulants, are more liable to the disease, when the stimulus has been for a time abandoned, than those who are occasionally addicted to the drunk. The disease is not confined to the use of any particular kind of alcoholic drink, though more liable to occur from the stronger. It is thought to be of more frequent occurrence in those of sedentary habits, than in those who are accustomed to labour, because the

stimulus is expended in the different functional operations of the system under vigorous exercise instead of concentrating its entire force upon the brain. Some authorities contend that Opium is capable of producing this disease, and in a similar manner. We cannot too highly appreciate the importance of forming a correct diagnosis of this affection, for our treatment must necessarily depend upon it. It is sometimes very difficult to distinguish the from some of the forms of insanity.

The delirium of fever is easily recognized, on account of its being more incoherent, and not attended with hallucinations as in delirium tremens. It very closely resembles a certain stage of typhoid fever, and in the case when only seen at this time, and we are not acquainted with the previous history of the patient, there would be considerable reason to doubt the nature of the case. In meningitis there is much greater febrile disturbance, the delirium more violent, the tendency to coma and convulsions much more strongly marked; whilst it is without the intermission

terrors, and the muscular tremblings of delirium tremens. Prognosis. The disease is not dangerous if simple and uncomplicated. It will almost always end favorably if proper treatment be instantly employed. The principal danger is, when the delirium is strong, that the patient will destroy himself if this be assiduously guarded against there is little else to apprehend. But on the other hand, if it be complicated with any considerable degree of cerebral inflammation, or active congestion we must not be surprised if the case [illegible]

fatally. Some of the most unfavorable signs are, convulsions, stupor, muttering, subsultus, extreme frequency of pulse, dry tongue, and a cold clamy surface. The first attacks are less apt to prove dangerous, than any subsequent one, because each successive one must of necessity occur in a much more debilitated system. The first indications of treatment are to stimulate the brain, and then after having brought it up to its natural functions, to gradually withdraw the stimulus. Our great object is to procure sleep. Some

of the preparations of Opium best to accomplish this object. By a proper and judicious use of this medicine we afford a gentle stimulus to the brain, and increase the nervous powers and vascular. If however we find the patient rapidly sinking we should have recourse to alcoholic stimulants. One or two grains of Opium in combination with half a grain of Sulphate of Morphia has been found a successful remedy, given every two hours. And continued until sleep is procured. But if after a few doses the patient be found to be very susceptible to the influence of the medicine

the intervals should be
lengthened to three or four
hours. If after the first day,
there should remain the
least tendency to hallucination
the medicine should be
steadily persevered in. When
the surface is cold and the
pulse very feeble, we should
use some mild stimulant
such as porter or ale; but if
on the other hand the [illegible]
be considerable, it should
have recourse to brandy.
Hop tea may also be
used with decided advantage.
When the muscular excitement
is considerable, we should
combine some of the
nervous stimulants with
the Morphia, such as
Valerian and Asafoetida.
The internal use of

chloroform has also been very highly recommended in cases where the muscular excitement is excessive. In cases of excessive prostration we should use sulphuric ether administered in the dose of from two to four fluid drachms every two or three hours. If the bowels are constipated and this is not unfrequently the case, and the secretions from the liver much diminished we should give Calomel with some other cathartic. Aloes, rhubarb or castor oil should be preferred to the more active cathartics. Irritability of the bowels may be relieved by Carbonic acid water, lime water, or a sinapism to the Epigastrium.

If the patient be threatened with coma or convulsions, a blister over the whole scalp will be of service. He should not be aroused from his sleep, unless there be a tendency to coma, and this may be indicated by cold clammy skin, and sinking of the pulse; he should now be aroused and stimulants freely administered. When symptoms supervene which indicate active congestion or inflamation of the brain it will be proper to take blood both locally and generally, to apply cold to the head, and give a purge. An enema of the oil of turpentine or asafoetida has been found very efficacious.

He should be provided with a good comfortable room sufficiently well ventilated. He should be allowed to walk about his room, but an attendant should always be present to restrain an attempt at violence. If very much debilitated he should then be confined to his bed. The diet should be of a mild, nutritious, unstimulating character.